

Department of Political and Economic Studies  
University of Helsinki

# **CARE AS A SITE OF POLITICAL STRUGGLE**

**Hanna-Kaisa Hoppania**

ACADEMIC DISSERTATION

To be presented, with the permission of the Faculty of Social Sciences of the University of Helsinki, for public examination in Auditorium XV, University main building, on 20 November 2015, at 12 noon.

Helsinki 2015

Publications of the Department of Political and Economic Studies 25 (2015)  
Political Science

© Hanna-Kaisa Hoppania

Cover: Riikka Hyypiä

Photo: Hanna-Kaisa Hoppania

Distribution and Sales:

Unigrafia Bookstore

<http://kirjakauppa.unigrafia.fi/>

[books@unigrafia.fi](mailto:books@unigrafia.fi)

PL 4 (Vuorikatu 3 A) 00014 Helsingin yliopisto

ISSN-L 2243-3635

ISSN 2243-3635 (Print)

ISSN 2243-3643 (Online)

ISBN 978-951-51-1019-0 (paperback)

ISBN 978-951-51-1020-6 (PDF)

Unigrafia, Helsinki 2015

## ABSTRACT

This dissertation investigates the politics of care. Providing care, particularly for the elderly, is becoming a major problem in many European countries. Dependency ratios are weakening while resources for the welfare state appear to be limited in the prevailing economic conditions. In this research I analyze how this situation was acknowledged and addressed in Finland through the Act on Care Services for Older People (Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons [980/2012]) which came into force in 2013. The research explores the subtext and roots of the issue, and examines why the law turned out the way it did by analyzing the processes whereby the Act was initiated, drafted and finally passed. It considers how care and the problems around it were represented in the political process following media scandals which highlighted serious problems regarding the quality of elder care.

This case study is situated in its wider historical context, and the nature of the subject matter itself – care – is investigated to illuminate what is at stake in the reforms of elder care service provision. I argue that this reform project, and the situation it stemmed from, presented a moment of political openness to debate, and an opportunity to transform the societal commitments regarding elder care. This potential however was lost. A problem which was largely about resource scarcity became one of regulation, thus limiting the issues on the political agenda and the scope of the legislation passed. A seemingly apolitical governance of care is becoming the key site in which power over care relations is exercised, effectively undermining democratic control of care policy.

Theoretically and methodologically the research links Nancy Fraser's framework of recognition, redistribution and representation and Michel Foucault's concept of governmentality with a post-structuralist discourse approach. It also draws from multidisciplinary feminist care research. Through the deployment of this multidimensional perspective in the analysis of elder care politics in Finland, a discussion of care is brought into the discipline of politics where to date it has not received much attention. The complex character of care is moved from the somewhat abstract ethics of care literature into the specific question of how care is understood and managed in the political process.

This research explains how an issue which appeared to have widespread societal support bypassed the central question of redistribution, preventing the Act from leading to any transformative changes in elder care. The *nodal points* of dwindling resources and the bureaucratic division of labour functioned to limit the scope of the law. The imprecise content of various *floating signifiers*, such as quality of care, meant that these were understood differently by the various actors involved in the process. Through the

functioning of a *logic of difference*, alternative or challenging framings of the issue at hand were sidelined and contained during the process and within the Act. When finalized, the Act only led to an affirmation of existing levels of care provision albeit with new regulatory procedures. Symbolic recognition, procedural clarifications and preventative measures were emphasized at the expense of securing better resourcing. Despite a rhetorical commitment to welfare state principles across the political spectrum, in the background neoliberal policies were pushed ahead as the solution to the challenges of care. These programmes and schemes, however, rely on the maintenance and reproduction of unequal, gendered care relations.

## ACKNOWLEDGEMENTS

Over the five years I have worked on this dissertation, I have enjoyed the company and benefitted from the support of a number of individuals whose collegiality, friendship, solidarity, criticism and cooperation have been vital to completing this research.

I was fortunate to have two excellent supervisors who were confident in me throughout the process and provided me with essential guidance. Anne Maria Holli was a diligent reader, most helpful in various ways, and seemed always to have just the right comments and advice to offer me. Likewise, Sari Roman-Lagerspetz was a wonderful mentor whose profound perspective and vision were an inspiration and a crucial support in my endeavours.

Marja Keränen and Diane Perrons as pre-examiners provided important and reassuring reviews of the work and offered insightful comments and critiques for which I am most grateful. I am honoured to have Hanne Marlene Dahl, whose work and approach to care research I greatly respect, agree to act as my opponent.

My collaboration with Tiina Vaittinen has been pivotal to developing the understanding of the politics of care that this research posits. It has been most enjoyable to think and travel together and find in Tiina a colleague and friend with whom to explore ideas on uncharted terrains and share many joys as well as political and academic frustrations.

Kyösti Pekonen was the first person I talked to at the Department in Helsinki, and his encouragement was important to starting off this project. Jemima Repo has been a great colleague, whose work I admire and whose friendship, comradeship and support over the years has been precious to me. Aletta Norval and David Howarth's Essex Summer School in Discourse Analysis equipped me with crucial analytical tools. Kathleen Lynch warmly welcomed me to visit the School of Social Justice at University College Dublin where I spent a very stimulating three months. All my Viva-kollektiivi colleagues have made care research so much more fun. Let our collective endeavours continue – 'Viva Vaiva!' I have also enjoyed and benefitted from taking part in the Theoretical Studies in Politics seminars, the Valpuri PhD seminars and Mikko Mattila's politics PhD seminars. I enjoyed my time and the company of my 'corridor' colleagues at the Network of European Studies. Numerous people at these sites and elsewhere have made the past years more enjoyable with comments and critical exchanges at seminars and conferences, and through debates, discussions and various forms of banter over coffee or beer. I want to extend my thanks to all of you, and in particular to Halil Gurhanli, Linda Hart, Marjaana Jauhola, Olli Karsio, Timo Miettinen, Lena Näre, Antero Olakivi, Emilia Palonen, Pia Ranna, Milja Saari, Jennifer Schröer, Liina Sointu, Maria Svanström, John Welsh and Minna Zechner. Special thanks to Nina Enemark who was a most

Careful proof reader. Needless to say, any remaining mistakes are my responsibility. I would also like to thank my interviewees for their contributions and for offering up their time.

I have had the privilege to be involved in my mum Heli's business in the elder care sector, which has given me valuable insight into the everyday life of a care home, its governance and the local politics of elder care. I have my dad Seppo and my sister Eeva-Leena to thank for various political discussions concerning the exasperations of everyday politics, which has played a part in instilling in me an interest in and critical outlook on politics.

My friends outside the university listened to my (surely sometimes endless) rants related to my PhD adventures, and understood my reservations about academia. You are treasures. I thank my partner Janne for all his support during this project, for his love and for enduring with me through all of this.

I thank the Research Foundation of the University of Helsinki, the Kone Foundation and the Emil Aaltonen Foundation for the financial support without which this research would not have been possible.

# CONTENTS

Abstract.....	3
Acknowledgements .....	5
Contents.....	7
1 Introduction.....	9
1.1 Politics of elder care policy .....	9
1.2 Multidimensional approach .....	10
1.3 Methodology and data .....	20
1.4 A Study of ‘politics of care’: structure.....	22
2 Care as an object of inquiry .....	25
2.1 Introduction .....	25
2.2 Social reproduction – care as work .....	27
2.3 From ethics of care to political arguments.....	35
2.4 Logic of care and global corporeal relations .....	43
2.5 Conclusion: governance of care as politics.....	50
3 Elderly care in Finland .....	53
3.1 Introduction.....	53
3.2 Early developments: from slave markets to poorhouses .....	54
3.3 Political struggles for social rights: the building of the welfare state .....	62
3.4 Transformations of the 1990s: downturn of universalism – enter neoliberalism .....	67
3.5 Conclusion.....	87
4 Law to ensure (the right to) care? .....	90
4.1 Introduction.....	90
4.2 Deciding about and drafting the law .....	91

4.3	The second round.....	111
4.4	The bill HE 160/2012 in the parliament: ‘Where are the euros?’ .....	119
4.5	Conclusion.....	125
5	Regulating the problems away .....	128
5.1	Introduction .....	128
5.2	A new law: recognition of what?.....	129
5.3	The cost of care – evading redistribution.....	133
5.4	The question of staff ratios .....	140
5.5	Nodal points and floating signifiers: how regulation becomes the cure-all .....	147
5.6	Regulatory sleights of hand – from competing articulations to a hegemonic discourse .....	152
5.7	The ambiguities of representation.....	158
5.8	Conclusion.....	164
6	Conclusion: the politics of care .....	167
6.1	Recognising, redistributing and representing elder care.....	172
6.2	Shaping care relations.....	174
6.3	Implications for policy and future research .....	175
7	References.....	178
7.1	Bibliography .....	178
7.2	Data .....	189
8	Appendix 1: The Elder Care Act.....	195



# 1 INTRODUCTION

## 1.1 Politics of elder care policy

In 2009 the then minister of health and social services, Paula Risikko, described the situation of elder care services as the biggest challenge facing Finnish society (PTK 84/2009). The worsening dependency ratio, the wide-scale service structure reforms, and the prospects of the economic sustainability gap formed the worrying backdrop to care service provision. Significant to the development of elder care services in particular was also the media scandal which had recently erupted when the Parliamentary Ombudsman had received the County Administrative Boards' reports which revealed that deficiencies in care institutions are rife. After the opposition filed an interpellation on securing the rights and care of the elderly, the government promised to start preparing the elder care bill to rectify the situation by means of new legislation. At the end of 2012 the bill was finally passed in parliament and the Act on Care Services for Older People (see Appendix 1) entered into force in July 2013.<sup>1</sup> During the three years that the bill was being prepared, a new parliament was elected and the minister in charge of drafting the bill changed. Nevertheless, a commitment to the bill remained strong throughout the process and across the political field. The preparation process was thorough and an extensive range of interest groups and experts were consulted throughout the various preparatory stages in the Ministry of Social Affairs and Health, and in the final phase within the parliament. A consensus regarding the need for the law was broad, and yet political polemic over the bill was heated at times. What was 'political' about this issue, which on one level seemed to have everyone's support? What form did the law take in the end, and why? How did the nature of the subject matter itself – that is, care – shape the legislative process?

This research analyses the political process of the initiation, drafting and passing of the elder care act. The study was carried out in the period of 2010-2014, tracking the process of drafting and passing the law as it unfolded. The original impetus for the study stemmed from a puzzlement with what was going on in elder care. On the one hand, there was the reality of inadequate services, and demands for stronger rights for the elderly to care services were becoming more frequent; on the other hand, worries were increasingly voiced over the viability of existing wide-scale welfare state services in the context of the worsening dependency ratio and an insecure economic

---

<sup>1</sup> The full name of this act was the *Act on Supporting the Functional Capacity of the Ageing Population and on Social and Health Care Services for Older People*. For the sake of readability, and reflecting the commonly used term in Finnish in reference to the law (*vanhuspalvelulaki*), in this dissertation elder care act/bill are used as shorthand.

situation. On the side of research, theory and empirical studies suggest that care is both a matter of work and the political economy, and an ethical disposition and practice that are crucial to the functioning of any society. Why and in what sense, I wondered, was care represented as a political question in the process of drafting the elder care bill? This dissertation 1) searches for the subtext and roots of the challenges and scandals of elder care in the welfare state of Finland (as it is still generally regarded), and examines what was at issue politically when remedies for this situation were sought. 2) It enquires into whether new extensive legislation in the form of the elder care act solved the problems of elder care, and how these problems were framed and represented in the legislative process. Finally, 3) it examines how and why the process of drafting and passing the elder care act evolved the way it did.

These events in Finland present a timely opportunity to study in detail a case in which care emerges as a site of political struggle in the context of worsening dependency ratios and economic turmoil, a situation that is shared with many European and OECD countries. This project examines the elder care act as a novel attempt to strengthen the right of the elderly population to care in such a situation. As care research is still somewhat weak in terms of political analysis, this study makes a significant contribution to this growing, multidisciplinary field of enquiry by examining what the politics of care might mean.

## **1.2 Multidimensional approach**

This research adopts a critical, poststructuralist approach to policy analysis in that it recognizes the significant role of policy in constructing identities and subject positions and in legitimating particular types of interventions over others. Social policy is thus understood to function as a site of ideological struggle over the meaning of welfare, services, care and other related concepts (Marston 2000, 349). What is at issue in this project is the discursive struggle over how the challenges of elder care and the proposed solutions to these challenges are framed in the process that led to the elder care act. Care is conceived in this study as a significant arena of social (in)justice which merits more attention than it currently receives in political thinking and research. The theoretical starting point of the research is Nancy Fraser's three dimensional framework of recognition, redistribution and representation. Fraser's framework posits that questions of social justice can only be adequately dealt with when all these three dimensions are attended to. Fraser's framework was initially two-dimensional, as she conceptualized redistribution and recognition as analytically distinct paradigms of justice, in response to a situation where identity politics, or demands for recognition of difference, had since the 1990s seemed to trump the economic paradigm of class-interest (Fraser 2008b, 11-14; Fraser 2003, 7-11). In this constellation,

Fraser wrote, ‘the two kinds of justice claims are often dissociated from one another – both practically and intellectually... This situation exemplifies a broader phenomenon: the widespread decoupling of cultural politics from social politics, of the politics of difference from the politics of equality’ (Fraser 2003, 8). She further proposes that the salience of recognition had left its relation to redistribution undertheorized. Fraser built her framework to integrate both types of concerns and claims, but separated them analytically. Later on, she added the third dimension of representation to her framework, to account for the fact that some injustices arise specifically from the political constitution of society, and are not reducible to maldistribution or misrecognition (Fraser 2008a). The three dimensions are hence analytically distinct, fundamental dimensions of justice, but in practice intertwined.

Recognition here refers to social relations, specifically acknowledgement and valorization of, for example, identities hitherto denied or deemed worthless. To seek recognition means aiming for social status and respect. Calls for recognition require changing cultural or symbolic value patterns, understandings and meanings. Misrecognition actualizes as cultural domination, nonrecognition and disrespect, and its victims are not defined by relations of production, but rather by the relations of recognition which produce hierarchical patterns of cultural value. Low-status ethnic groups are a case in point (Fraser 2008a, 14; 2003, 14-16). Redistribution on the other hand relates to goods and burdens, such as income and property. Demanding redistribution means demanding adequate pay and access to different socio-economic goods. Here, injustice is rooted in the political-economic structure of society, and it materializes as, for example, exploitation, economic marginalization, and deprivation. This paradigm assumes a different conception of collective subjects of injustice, i.e. classes, which are defined economically by their relation to the market or the means of production. (Fraser 2003, 14-16) While in practice the two kinds of injustices often go hand in hand, or are intertwined in some way, their analytical differentiation serves a purpose: it helps bring attention to the other dimension when an issue is discussed narrowly only through one of the paradigms, and reveals the complexity of questions of social justice. ‘In modern capitalist societies’, Fraser writes, ‘the class structure [at issue in redistribution] and the status order [at issue in recognition] do not neatly mirror each other, although they interact causally. Rather, each has some autonomy vis-à-vis the other’ (Fraser 2008a, 16). Thus, misrecognition cannot be reduced to a secondary effect of maldistribution, nor can maldistribution be reduced to an epiphenomenal expression of misrecognition, as some tend to assume; their complex causal interactions must instead be empirically investigated (ibid). The two dimensions also include different understandings of group differences. The recognition paradigm, on one hand, either treats differences as ‘benign, pre-existing cultural variations which an unjust interpretative schema has maliciously transformed into a value hierarchy’ or holds that

differences ‘do not pre-exist their hierarchical transvaluation, but are constructed contemporaneously with it’ (Fraser 2003, 15). In the first case justice requires that we revalue these devalued traits and celebrate group differences, while the latter case requires that we deconstruct the terms in which differences currently manifest. The redistribution paradigm, in contrast, sees group differences as ‘the socially constructed results of an unjust political economy’ which should be abolished (ibid.). Because in practice the two dimensions intertwine, Fraser argues that the proportions of economic disadvantage and status subordination must be determined empirically. ‘Nevertheless’, she writes, ‘in virtually every case, the harms at issue comprise both maldistribution and misrecognition in forms where neither of those injustices can be redressed entirely indirectly but where each requires some independent practical attention. As a practical matter, therefore, overcoming injustice in virtually every case requires both redistribution and recognition (ibid, 25)’.

In my utilization of Fraser’s framework as an analytical map in the charting of the politics of care, it is not necessary to go into the details and intricacies of Fraser’s elaborate theory. However, one point must be made: it has been suggested by another theorist of recognition, Simon Thompson, that Fraser’s theory is overly focused on particular, rather than universal, human features. This, Thompson points out, implies that in Fraser’s framework recognition is concerned with the acknowledgement of particular cultural identities rather than universal aspects of human nature. Thompson argues, however, that despite the lack of explicit discussion (except for brief mentions) of universal aspects of recognition struggles, Fraser’s theory is based on a commitment to equal moral worth of persons, and hence relevant for tackling recognition struggles which pertain to similarity in addition to difference (Thompson 2006, 50-54; Fraser 2003, 45-48). Because the recognition of common features of humanity is central to the politics of care (as ch. 2 will discuss), I take recognition to refer broadly to issues of both distinctiveness and similarity.

The third, later incorporated dimension in Fraser’s theory is representation.<sup>2</sup> It refers to the specifically political dimension and pertains to membership and procedures of decision-making. It deals with inclusion and exclusion from the entitlement to make justice claims, and the operation of public procedures and processes within which political demands are raised. Whilst distribution and recognition are also political in the sense that they can be and are contested and power-laden, this third dimension is *the* political dimension in a specifically constitutive sense; it ‘concerns the scope of the state’s jurisdiction and the decision rules by which it structures contestation’ (Fraser 2008a, 17). The characteristic injustice of this

---

<sup>2</sup> Fraser refers to this dimension as ‘the political’, but specifies that it is chiefly concerned with representation (Fraser 2008a, 16-17). To avoid confusion with my use of the term political elsewhere in this research, I use the term representation to refer to this third aspect of Fraser’s framework.

dimension is misrepresentation, which occurs when some are wrongly excluded and denied a chance to participate, either because of political decision rules, or due to unjustly drawn boundaries of the political community (ibid, 18-19). Fraser calls the latter injustice misframing, and it is a form of misrepresentation that globalization makes particularly pertinent today, as the governance structures of the global economy can function to exempt global interactions from democratic control altogether (ibid, 20-21). Representation is interwoven with the other two dimensions of justice; in fact it is 'always already inherent in all claims for redistribution and recognition' (ibid, 21), as some sort of frame must always be assumed for these claims. Furthermore, the mode of constituting these political boundaries themselves can be challenged through a transformative politics of framing (ibid, 22-25). Fraser's framework is very ambitious and extensive when it comes to the global political implications of the politics of framing. However, as the case study at hand focuses on a political process on the national level, all the intricacies of the theory are not very pertinent here.

The purpose of analyzing care in terms of these Fraserian dimensions is to pinpoint the different yet intertwined elements that factor in elder care politics with somewhat different logics, but interdependent effects. Considering the puzzle of 'what is going on here' (re: elder care) in terms of the Fraserian approach and in light of previous research, it appears to be clear that elder care lacks recognition: care workers, be they formal nurses or caregiving relatives giving informal care, lack recognition and are often invisible and disregarded (Dahl 2004; 2009; Vega 2008). The universal need for care shared by all humans, and consequently the role of care-receivers, is also not acknowledged and suffers from misrecognition (cf. Vaittinen 2015). The challenges faced in elder care policy emanate from this lack of recognition and the corresponding lack of redistribution (Hoppania 2013). The economic and social institutions of society figure into the equation too as they fail to adequately take into account what care entails (Tronto 1993). Chapter 2 discusses previous research on elder care that gives reason to postulate such premises.

This dissertation tracks and maps the landscape of elder care politics in Finland through the framework of recognition, redistribution and representation (see also Hoppania 2013). The commitment to the importance of the three dimensions and their complex intertwining runs through the research. Additionally, as the focus of the research is on the process of the initiation, drafting, formulation and passing of the elder care act, additional and more specific analytical tools of critical policy analysis are also adopted. Indeed, the political significance of the policy process in fact turned out not to be only about competing justice claims (over recognition/redistribution), or how and what different groups are represented in the policy process. Instead, despite some heated debate in the media over the elder care bill, the process was largely characterized by a hegemonic discourse which presented a consensual outlook of the issue as one in need of better administration and

regulation (not recognition and redistribution). The most significant political aspects of policy making in this case were not openly debated or acknowledged. Instead the manifold practices of governance successfully framed the issue in such a way that consensual politics largely came to characterize the process. This research inquires into and demonstrates how this consensus (about what elder care requires) was attained and upheld, and when clear critiques and challenges to the existing regime first characterized the process. Insights from discourse theory are utilized to this end, because in this theoretical and methodological tradition the formulation of a *hegemony* is seen as a political process itself, and tools are developed to examine how the *discursive struggle* over the establishment of hegemony happens (Howarth 2010; Howarth and Stavrakakis 2000).

In Fraser's framework, the dimension of representation concerns the way political contestation operates, how it is structured and how it can be normatively evaluated and challenged. It does not, however, help us to understand how a particular understanding (a frame, in a sense) of an issue emerges, is challenged, contained, averted or becomes hegemonic.

The analysis in this research, therefore, works on multiple levels. Drawing on Fraser's concepts and theoretical framework, it explores the different dimensions of the politics of elder care. It performs a discourse analysis of the policy process, exploring Fraser's three dimensions, while depth is gained by utilizing some of the concepts of post-structuralist discourse theory. I do not see Fraser's approach as contradicting the discourse theoretical approach in any way; rather, while Fraser's theory supplies tools to normatively assess different policies and analyze questions of social justice in terms of claims-making, discourse theory offers more specific tools and better equips the researcher to analyze the discursive struggles over meaning that take place in a policy process.<sup>3</sup> Fraser's framework serves to analyze the way the issue of elder care is framed in this process in terms of recognition and/or redistribution, and to evaluate these potentially competing justice claims and assess the structures of representation in the policy process. But in the near absence of such explicitly competing claims and in terms of the questions *how* and *why* the policy process developed the way it did, certain discourse theoretical concepts are of better use – as chapters 4 and 5 will show.

In a sense, Fraser's theory functions on a different level from discourse theoretical critical policy analysis (Howarth 2010). Fraser theorizes social justice and discusses competing frames for organizing and resolving justice conflicts. However, in the case at hand, the competing arguments and groups who would put forward conflicting justice claims were silenced and subsumed by the consensus-seeking hegemonic discourse, which saw the matter as one of deficient administration, to be corrected by better

---

<sup>3</sup> Whilst very critical of certain (Lacanian) strands of discourse theory and structuralism, Fraser does see value in a pragmatic discourse approach which draws rather from Gramsci, Foucault and others (Fraser 1997, 151-170).

administration. I argue that the political nature of the struggle over the elder care act was not voiced primarily in terms of competing justice claims or as a matter of struggle between oppositional interest groups, but rather it emerged as a discursive struggle over how to frame the problems in elder care service provision in the first place. An analysis of the policy process as a discursive struggle for hegemony shows how a potentially transformative moment of political openness and dislocation only led in the end to an affirmation of existing levels of provision, albeit with new regulatory procedures. Conflicting interests and viewpoints were pushed out of the agenda, and the process managed effectively to depoliticize (at least for the time being) the issue to a large extent. Thus, in addition to the analysis and mapping of elder care in Finland in terms of recognition, redistribution and representation, this research project explores why and how care turns into an object of governance. Chapter 3 takes a historical view of the issue and shows how the now hegemonic order and understanding of social policy and (elder) care has been formed. Chapters 4 and 5 then examine the elder care law itself and reveal how contentious issues, for example the media debate over staff ratios – potentially a powerful call for recognition and definitely redistribution – were discursively subsumed and resolved during the legislative process. What and whose is the hegemonic perspective here? What were the competing and challenging articulations that were disregarded and subsumed? My discourse analysis of the policy process pursues these questions. Fraser's framework is present throughout this research, however, with attention paid to the dimensions of recognition, redistribution and representation. The conclusion then returns more explicitly to evaluate and discuss what the final law and the supposed resolution of the issue entails in terms of Fraser's framework.

In their book *Discourse Theory and Political Analysis*, David Howarth and Yannis Stavrakakis (2000, 6) explain that 'discourses are relational systems of meaning and practice that constitute the identities of subjects and objects, [and therefore in discourse theoretical research] attention is focused more on the creation, disruption and transformation of the structures that organize life.' This approach to political analysis rejects crude empiricist and positivist approaches as 'discourse theorists seek to articulate their concepts in each particular enactment of concrete research' (ibid. 5). Empirical materials, which might consist of a range of linguistic and non-linguistic data – from reports, historical events and interviews to policies, ideas, even institutions – are understood as discursive forms. Discourse theoretical political analysis focuses attention in particular on the historical and political construction, reproduction and transformation of hegemonic orders and practices; it seeks to account for the different ways in which dominant orders are contested (successfully or not) by counter-hegemonic or other resistance projects, as well as the ways in which certain political projects or social practices remain or become hegemonic (Glynos and Howarth 2007, 5-7, 104; Howarth 2000, 5). The aim is to critically explain the emergence,

transformation, stabilization, and maintenance of particular practices, or regimes of practices (Glynos and Howarth 2007, 14-15; cf. Bachrach and Baratz 1962). As the process of legislation for the elder care act unravelled and progressed, and it became increasingly clear that no transformative change or significant battle over recognition/redistribution would occur, it was precisely the question of how this happened that became of interest.

On a general level, discourse research 'is the study of human meaning-making', where at issue are debates over the foundations of knowledge, construction of subjectivities, governance and management of society (Wetherell et al. (eds) 2001, 3-5). Various strands of discourse research and analysis have been developed in recent decades. However, as I only use discourse theory as an additional tool of analysis, I will only focus here on the particular aspects of this wide-ranging tradition and methodology that I use (and mainly only in chapters 4 and 5). I rely largely on the interpretation and definition of the discourse approach by Howarth (2010) and Glynos and Howarth (2007)<sup>4</sup>, where Foucauldian insights on governance are also tied in. The philosophical background of this strand of research originates with the (post-) Marxist theories of Ernesto Laclau and Chantal Mouffe (2001[1985]), who also draw on Antonio Gramsci. Whereas some discourse research is highly language and communication oriented, (focusing sometimes on the very micro level), in the strand I utilize *power* and *political* are central categories, and larger social contextualization is more typical. (Howarth and Torfing 2005)

Drawing on Gramsci, Jason Glynos and David Howarth explain that political practices involve attempts to challenge and replace existing social structures, as well as attempts to neutralize such challenges. This can happen through various indirect means and interventions, but also through projects which explicitly set out to change or maintain a set of existing social relations through collective mobilization (Glynos and Howarth 2007, 122). I argue that the early phase of the policy process around the elder care bill/act witnessed explicit challenges to and critiques of the existing structures of elder care service provision and policy, but that the process then evolved to contain these critiques and maintain the existing course of policy and social relations in place (as regards elder care).

Glynos and Howarth differentiate between social and political situations by categorizing the latter as dislocatory events which reveal the radical contingency of seemingly fixed, naturalized foundations of social practices. This can happen not only through public contestations and articulations of grievances as demands, but also by defenses of the norms of that practice. The former instead captures those situations in which 'the radical contingency of social relations has not been registered in the mode of public contestation' (ibid, 14, 122-123). The idea of contingency of social relations

---

<sup>4</sup> This book gives a comprehensive account of the ontology and methodology of the discourse theoretical approach. (Cf. Wetherell et al. (eds) 2001)



relies on a post-structuralist understanding of social ontology, which does not posit any fixed social constants (like state) but rather ‘focuses on the regimes of truth, the practices and strategies that ontologize the world in the first place’, and ‘situations when the established ways of conducting affairs are called into question’ (Walters 2012, 57; cf. Howarth 2010; Barad 2007).

This is why hegemony is a central concept here. In Gramsci’s Marxist thought, hegemony refers to a ruling ideology or ‘common sense’, whereby those governed by a regime consent to and consider legitimate the established authorities. This consent must be based not only on a dominant economic position and control over government and state, but also on intellectual and moral leadership, that is, cultural authority. Politics then consists of winning over potentially adversarial agents and groups to support one’s position. To focus on hegemony in research thus entails examining the struggles which take place to form and stabilize practices and policy regimes into partially fixed historical blocs and formations, and how these are challenged and changed (Howarth 2004, 257-258; Howarth 2010). As Howarth explains, ‘hegemony is a kind of political practice that captures the making and breaking of political projects and discourse coalitions, [but also] a form of rule or governance that speaks to the maintenance of the policies, practices and regimes that are formed by such forces’ (Howarth 2010, 310). When countered by movements which challenge them or seek for instance to transform existing policies, hegemonic practices may (or may not) sway their subjects and secure their compliance again through various practices of negotiation, bargaining and compromise (ibid, 317). Hegemonic regimes and practices are outcomes of historical projects of winning consent and securing acquiescence in various contexts and sites. Whilst full hegemony is never attained by any particular coalition or project, it needs at least to secure the complicity of a range of social actors to its practices and dispositions, and work to maintain and reproduce that complicity. (ibid 317- 320) To achieve or maintain such acceptance and conformity is not simple however, and this research aims to show how in the case of the elder care law in Finland this complex process unfolded.

In chapter 3, I show how the existing hegemonic regime of elder care practices was historically formed. In chapters 4-5, I use discourse theoretical analytical tools to show what kinds of practices and logics (of public contestation and its abatement) threatened but then almost fully sustained this hegemony during the process of legislation for the elder care act. I will identify the central *nodal points* and *floating signifiers* in the discursive struggle concerning elder care services, and use the concept of *logic of difference* to explain how the hegemonic regime managed to tame its critics. Nodal points are ‘privileged signifiers or reference points in a discourse that binds together a particular system of meaning’ (Howarth and Stavarakakis, 2000, p. 8). They are concepts which work to stabilize a flow of meaning and fix identities and tie together different elements of a discourse (Glynos and Howarth 2007, 179). Hegemonic projects then aim to construct nodal points

as bases of concrete social orders by articulating and weaving into the discourse as many available elements as possible (ibid, 22).

In the context of an ongoing struggle between different discourses (which for example try to frame the problems of elder care in different ways) some nodal points might however begin to 'float'. These are concepts and words whose meaning is in some situation unsettled, or no longer fixed, so that they can be articulated and used by different, even opposing, political projects aiming to confer meaning on them (Glynos and Howarth 2007, 152, 177-179). Floating signifiers thus are concepts and signs that different actors or groups struggle to invest with meaning in their own particular way (Jørgensen and Phillips 2002, 27-28). The identity of such a concept might be (partially) stabilized when it is successfully hegemonized (Glynos and Howarth 2007, 179). Nodal points can thus be floating signifiers too, but whereas the term 'nodal point' refers to a point of crystallisation within a specific discourse, the term 'floating signifier' refers to the ongoing struggle between different discourses to fix the meaning of important signs (Jørgensen and Phillips 2002, 28). By identifying the concepts that function as nodal points, it is possible to investigate how different agents define and discuss the same signs in potentially alternative ways (thus rendering them floating signifiers). Through an examination of the competing ascriptions of content to the floating signifiers, and the identification of concepts which have relatively fixed and undisputed meanings it becomes possible to show how a struggle is taking place over meaning. (Ibid, 28-30) This is where the logic of difference comes into play, and where we need to finally introduce the understanding of power in this study.

In poststructuralist discourse theory the concepts of *logic of difference* and *logic of equivalence* are employed to refer to two ways of organizing political space. The former expands and increases the complexity of the political realm, accommodating and domesticating various interests and demands, whilst the latter simplifies political space, stressing what particular actors and groups have, equivalentially, in common. The logic of equivalence thus refers to a mode of constructing the social whereby an antagonistic frontier is (discursively) drawn between 'us' and 'them', and populist demands or collective will raised against those who are perceived to be in power, or seen as the opponent. Without such collective will formation, no substantive change can take place (Laclau and Mouffe 2001[1985], 129-131; Laclau 2005, 77-78; Mcphail 2010). As we will see, no substantive change took place in Finnish elder care policy with the introduction of the elder care law, with the logic of difference instead dominating the policy process.

Indeed, the logic of difference is employed to describe the loosening up or disarticulation of equivalential identities and chains of demand.<sup>5</sup> This can

---

<sup>5</sup> As Howarth explains, hegemony is 'a type of political relation that creates equivalences between disparate elements via the construction of political frontiers that divide social relations; the identities that compose such equivalential chains are then modified by this practice' (Howarth 2010, 318). Thus

happen through various practices of challenge, institutionalization, deflection or negation. The operation of this logic refers to ‘incorporation or co-optation of claims and demands, where their cutting edge may be blunted, and/or it is accompanied by the pluralizing or opening-up of a regime or practice to new demands and claims’ (Howarth 2010, 321). The hegemonic regime may thus aim to disarm challenges to the *status quo* and prevent the linking together of different demands expressed by various groups or subjects by addressing some of their concerns and by using particular forms of rhetoric that conceal certain aspects of their existing practices and policies. Thus the logic of difference can be said to operate when those in power manage and channel grievances, demands and problems in ways that do not disturb dominant practices in a fundamental way. A myriad of strategies and tactics of government are involved here and they might even work to conceal and deflect attention away from the long-term consequences of the existing practices and policies. (Ibid, 321) As Howarth points out, the logic of difference shares important resonances with Foucault’s concept of governmentality, which denotes the ways in which politics turns into an art of governing issues and subjectivities, and concerns the ‘how’ and ‘what’ of public interventions (ibid). Here, too, the prevailing system of power might re-utilize, re-implant and put to different use resistant mobilizations and contestations of its practice (Foucault 2007, 215; Walters 2012, 43). I will return to governance in chapters 2 and 3; for now, suffice it to say that politics is here conceived of in terms of processes where (exercising) power in a broad sense is at stake; it is about determining and setting the boundaries of possibility for various subject positions, about articulation of demands and rights and organization of resources, as well as a discursive struggle over how these processes and constellations are represented and understood (Foucault 2007; Hänninen 2010).<sup>6</sup>

By combining the Fraserian approach with discourse theoretical insights, this research demonstrates that the politics of care is both a matter of explicit debate over care policy, resources and the right to social security – including care services – as well as a matter of ideological struggle over the understanding of what care means, how it is understood, and how it can and should be regulated. This struggle plays out in the seemingly neutral arena of expert governance and organization of care, whereas the parliamentary and media debates remain secondary in the sense that by the time they get to discuss and debate the issue, the main coordinates of the debate are already set. The policy processes of elder care are dominated by expert discourses which function as constructors of welfare institutions and identities, shaping the hegemonic understanding and meaning of care subjects and objects, and

---

in a struggle for hegemony, the existing ‘ruling order’ uses what is described as logic of difference to counter such kind of counter-hegemonic attempts to create equivalences.

<sup>6</sup> ‘...nothing is political, everything can be politicized, everything may become political. Politics is no more or less than that which is born with resistance to governmentality...’ (Foucault 2007, 505).

making some policies and interventions seem more legitimate, natural and needed than others. This research examines how this happened in the case of the elder care bill/act.

### 1.3 Methodology and data

This research tracks the policy process that led to the passing of the elder care act. This tracking takes the form of a discourse analytical exercise, in its post-structuralist variant and understanding (Howarth 2010). Starting off from Fraser's three dimensional framework and the analytical question 'what is the problem represented to be?' (cf. Bacchi 2009), it develops into an inquiry and analysis of the hegemonic (and competing) articulations of the challenges of elderly care in Finland in the early 2010s.

The discourse analysis carried out here shares clear resonances with frame analysis. Mieke Verloo understands a *policy frame* as an interpretation scheme that structures the meaning and understanding of reality. Policy frames originate in discursive articulations and can function in practical consciousness without awareness that the rules, routines and constructions/structures that the frame generates are indeed constructions, and could be different (Verloo 2007, 30-34). Fittingly for the multidimensional approach of this research, this definition of policy frame recognizes the inherently political, contestable nature of framing, i.e. of discursively representing and creating the object at hand. Policy frames have concrete and material consequences that, unless contested and rearticulated, set the conditions for future actions and realities. In other words, they create path-dependencies. Verloo defines a policy frame as an 'organising principle that transforms fragmentary information into a structured and meaningful problem, in which a solution is implicitly or explicitly included' (Verloo 2007, 33; cf. Rein and Schön 1996, 88-90).

Analyzing the discourses of elder care policy can thus be understood in terms of such frames as well, and I harness both the concepts of discourse and frame in this research. As discussed above, Howarth (among others) has developed post-structuralist discourse theory as a wide-scale approach to political research, encompassing a variety of different forms, methods and tools of analysis, from Foucauldian inquiry to the Gramscian focus on hegemony. The possible conceptual tools of analysis and methods of dealing with data are numerous, but what ties them together is a commitment to a discursive understanding of politics, and a focus on power relations (Howarth 2010). As this research is a case study of a political process, in other words, policy analysis, I align myself here with Howarth's understanding of critical policy studies:

..the aim of critical policy studies is to critically explain how and why a particular policy has been formulated and implemented, rather than others. Invariably these processes and practices involve the definition of problems (and thus to some extent

solutions), complex practices of deliberation, as well as the taking of decisions; they also involve complicated logics of inclusion and exclusion, and thus the exercise of political power.

(Howarth 2010, 324)

How does the preparation process of the elder care bill and the final act itself frame and represent the problems of elder care? How is the act meant to function as a tool of governance of elder care to resolve these problems? What were the competing frames and articulations of those problems? I identify the rationalities and logics manifested in the policy process, and show how the challenges and administrative solutions of elder care emerge and are constructed. By articulating also the contestations and ideological conflicts of the process, I show how the contradictory elements of the hegemonic discourse and competing articulations of elder care policy were synthesized with or left out of the elder care act.

The analysis is based on research data that consists of the following policy documents, parliamentary proceedings and expert interviews:

- 1) The documents produced at the Ministry of Social Affairs and Health, where the bill was drafted and developed from 2009 to 2012. These include the preparatory materials and documents of the relevant and associated working groups (mainly reports/rapports of working groups), the draft versions of the bill, the comments and statements received for the drafts, and finally the bill/act itself including its detailed justification.

- 2) The minutes and transcripts of parliamentary proceedings of the treatment of the bill. These include addresses at plenary sessions and minutes and statements of standing committees that dealt with the bill.

- 3) Nine semi-structured experts interviews which were conducted in 2011, 2013, and 2014. Interviewees were central figures in the drafting of the bill and experts and representatives in the field of elder care, including ministry officials, central actors of interest and advocacy groups and a politician.

Additionally, media coverage of the issue was used in this study when it was evident that it played a role in how the bill was discussed and developed in the ministry and parliament. The documents and interviews are introduced in more detail over the course of the analysis (chapters 4 and 5). A complete listing of data is provided in the bibliography.

The expert interviews serve to illuminate aspects of the policy process that are not shown on the written documents, or would remain hidden and implicit for varying reasons. As Marja Alastalo and Maria Åkerman (2010) explain, the object of interest in expert interviews is not the interviewee (the expert, specialist or authority) as such, but the information he or she is presumed to have. The objective is to shed light on a historically specific process or field of phenomena, of which the experts are expected to have knowledge which others do not have. As part of my analysis, the interviews are read against the document data; the goal of comparing and cross-examining the different forms of data was to produce an accurate description

of how the process in question unfolded. In addition to describing the phenomenon, the interviews produce (cultural) understandings, or frames, of the issue in question (Alastalo and Åkerman 2010, 373-377). Likewise, the interviews of experts from different institutions and quarters included in this research serve a double function: they present (sometimes conflicting) interpretations and frames of what is at issue in elder care legislation and policy, and they are of help in the production of ‘facts’ of what happened during the legislative process in question.

## **1.4 A Study of ‘politics of care’: structure**

The rest of the study is structured as follows: chapter 2 reviews past research on care, focusing in particular on its relation to political thought. It shows how care has emerged as a topic and object of academic research and political inquiry and theory only somewhat recently, even though it is connected to many questions that are subjects of long-time political struggles. Previous research is outlined in three partly intertwined strands, where care is understood in terms of social reproduction, its essence as an ethical practice, and (global) corporeal relations, respectively. The chapter also shows why and how care is so problematic and complex an issue in politics, and how the idiosyncrasies of care practices play into and disrupt the ‘politics of care’. What I also argue over the course of the study is that care as a site of political struggle is in some ways a very particular field of governance and produces specific challenges for policy (see also Hoppania and Vaittinen 2015). Previous care theorizing helps in understanding why this is so, and the case study at hand then exemplifies how these specificities play out in a practical case. In this chapter, however, I also draw attention to weaknesses in the understanding of care developed in previous research, and work towards an understanding of care suitable for the needs of the research at hand.

Chapter 3 introduces Finland as the context of this case study. Starting with a brief historical survey of elder care in Finland, it offers glimpses into the way public elder care services first emerged as a gendered institution and an object of governance over a hundred years ago, and then developed in the post-war decades as part of the welfare state. The chapter then focuses on the changes and transformations of elder care (and the welfare state more broadly) since the 1990s toward neoliberalism. It explains the development of the social and political landscape in Finland that underpins and forms the backdrop to the legislative process that is the object of this dissertation. It argues that the politics of care are increasingly being played out in particular in the realm of governance of care.

Chapter 4 introduces the case in focus in this study, and describes the process of drafting and passing the elder care bill/act. It explains the stages of the legislative process and shows how the decision to respond to the

problems of elder care with a new law was taken. It examines how the first and second drafts of the law came about at the Ministry of Social Affairs and Health, how the bill was discussed and debated, and how the hegemonic discourse developed to contain the critiques that were voiced against the existing practices. The chapter analyses the different, competing discourses and articulations that were produced during the process, in particular in the comments to the draft laws, and describes how the parliament dealt with the bill.

Chapter 5 analyses the policy process in depth. It evaluates and discusses the case in terms of Fraser's three dimensions, and shows how the hegemonic order managed to twist and transform, or subsume and ignore, the demands for recognition and redistribution, and reframe them as a problem of regulation. It argues that this law project, and the initial situation it stemmed from, presented a potential opening to transform and openly debate the political commitments regarding elder care, but that this potential was not realized. The logic of difference, I show, was in operation, and the hegemonic order managed to avert and contain the critiques challenging its power, through the utilizations of a range of nodal points. Instead of answering the challenges and demands presented concerning elder care, the law was turned into a steering tool of governance, which aims to manage and rationalize elder care relations to fit them into the existing order, which is characterized by the hegemonizing neoliberal agenda introduced earlier (in chapter 3). This chapter also discusses the way the structures of representation and mechanisms of participation served to delimit this process.

Finally, the conclusion (ch. 6) brings together and outlines the results of the study, and discusses its implications and importance to care research, policy and political science. The dissertation argues that the policy process and the enactment of the elder care act in fact disregards and sidelines the most crucial questions of the politics of (elder) care, that is, everyday care relations and the practical organization, resourcing and provision of care services, and highly political questions of responsibilities, rights and value of care. The crucial decisions concerning these topics disappear from the national political agenda, and are seemingly depoliticized and made elsewhere. The material and corporeal aspects of care also disappear from view. Instead, a discourse focusing on procedural issues and abstract, formal, rather symbolic care rights dominates the process.

This research shows that elder care politics in Finland today are increasingly characterised by an unstated neoliberal agenda, promoted by the dominating governance regime. This existing order (which still, to be sure, retains some elements of the welfare state universalism) held its hegemonic position in the legislative process under critical analysis in this study. In the light of post-structuralist and feminist political (care) research, the logic of neoliberal governance, with its particular orders of worth and logics of operation, is exposed as both highly political and problematic from the

perspective of care relations: It silences and stifles the many other kind of realities, logics and practices which define elder care.



## 2 CARE AS AN OBJECT OF INQUIRY

### 2.1 Introduction

Whilst care as a concept now refers to a specific field of study within the social sciences, it only emerged as such after the ‘ethics of care’ tradition in moral theory and developmental psychology began in the 1980s. The concepts of care and caring were used to argue for a shift in ethical thinking away from a focus on the abstract question of ‘what is just’ towards a more practical concern of ‘how to respond’ ethically. Beyond the ethics literature, the political questions stemming from care relations have been an object of academic inquiry since feminist theory took up questions regarding domestic work in the 1970s. But care is a wider concept than what housework, domestic work and care work denote. I would argue that it is also a more fruitful object of political analysis than for example the related concepts of emotional and affective labour, precisely because it extends beyond the realm of work. As the ethics of care approach maintains, care refers not only to work, but is also understood as a relational approach and practice, and an ethical attitude and orientation. Furthermore, the most recent research emphasizes that care also exemplifies a logic of its own, one based on human dependency, which means it always implies a relationship, specifically, a relation of corporeal interdependency. It is this embodied relationality involved in care, and not only its connection to the sphere of paid work, that inevitably makes it a question of power, and consequently a political issue. This interpretation of the political nature of care also challenges the understanding of political subject relations in traditional (liberal) political theory, where the political relation is typically presented as one between, in principle, equals.

This chapter engages with previous research on care to produce an understanding of care suitable for political analysis and the purposes of the present study. The focus is on research that specifically deals with care, but the discussions on domestic work, social reproduction and the ‘women-friendly welfare state’ are also reviewed in brief. While earlier discussions centered on the analysis of (mainly) women’s unpaid domestic work as a key element in the reproduction of the public workforce, and on the role of state institutions in the maintenance or redefinition of the gendered division of labour, the ethics of care tradition has broadened the discussion by examining how different ethical approaches pertain to power relations. To expand and get beyond these two dominant strands of care research, which I henceforth refer to as *care as work*, and *ethics of care* respectively, I examine the more recent attempts to theorize care in novel ways. These include investigations into the logic of care, and care in relation to the global political economy, for example in terms of global care chains and neoliberal

governance. The relations of care in a broad sense are at the center of this analysis. I argue that the (attempts at) governance of material care relations, on different levels, is where the most significant site of the politics of care today is located. Power is at play in the modes and techniques by which human beings are made care/caring *subjects* (cf. Foucault 1982, 777).

Moreover, this chapter discusses the implications of understanding care in particular ways, in relation to political thought. Indeed, searching for an understanding of how care relates to and is of significance to the political was what guided this literature review. The need for an understanding of political subjectivity and relationality that encompasses the insights of care theorizing is emphasized. Care is articulated here as a necessary concept not only for political analysis that concerns social policy, but for any consideration about (the preconditions of) citizenship and political agency. It is a concept that disrupts traditional distinctions and boundaries of political theory and political science, and contributes to an enhanced understanding of human interdependency and of political life. Governance of care is thus inevitably a broader and more intricate issue than what its marginal place in political studies as a subsection of social policy, or in gender research, would suggest. Brought to the level of policy analysis (which I discuss in chapters 4 and 5), the understanding of care conveyed in this chapter demonstrates how implicit assumptions about care and the role of care in our society shape in a particular way both the causes of and the (proposed) solutions for the problems of elder care in present day Finland and elsewhere.

The rest of this chapter is structured as follows: first, I discuss care in terms of work, with references to the socialist feminist debate on domestic labour in the 1970s, and the more recent revival of social reproduction research. Second, I discuss the ethics of care literature, where the concept of care has been broadened and defined as multifaceted ethical practice. I focus in particular on Joan Tronto's work on the relation of the ethic of care to politics, and then draw on other feminist theorists to suggest why care has not (yet) entered the core lexicon of political thought. Third, I review the most recent care research and observe that the field has expanded from the reference points of work and ethics to a focus on the relations of care. These relations are shaped both through increasingly globalized governance and by the idiosyncratic logic and embodied nature of care. This strand of research brings to light *care as a global corporeal relation*. Finally, I conclude by positioning my research in relation to these existing literatures, highlighting the major affinities between my political analysis and this most recent strand of research – particularly when the logic and global corporeal relations of care are situated and examined in relation to the increasing governance of care.

## 2.2 Social reproduction – care as work

Caring is closely connected to what has been discussed as the practices and significance of social reproduction. Social reproduction can be understood as the social and material making, maintenance and subsistence of people and social bonds, on a daily basis and generationally. It comprises such things as sexual reproduction, health care, nurture, education and training, as well as domestic work. It is structured by historically specific institutions and by intersecting social relations, which are typically gendered, ethnicized and defined by class (Repo 2014; Bakker 2007). In some respects, social reproduction is a wider term than care. Nancy Fraser, for example, understands social reproduction broadly as the human capacity to create and to maintain social bonds, including for example the work of socialising the young and reproducing the shared meanings, dispositions and horizons of value that underpin social cooperation (Fraser 2011).

Scholarship on social reproduction is most concentrated in the research fields of socialist feminist political theory and political economy, where care is conceived of almost exclusively as work. Initially, the debate on social reproduction grew out of Marxist thought. Marx (1887, 395-397) takes social reproduction to refer very widely to the re-production and renewal of all social processes, including things like repair and maintenance of means of production<sup>7</sup>. Encompassed in Marx's notion is the re-creation of the labouring population itself, and this is what feminist theorists started to examine in the 1970s; the ensuing discussion came to be known as the domestic labour debate. Starting from the insight that most of Marxist research tends to naturalize and conceal the sphere of reproduction, feminist researchers argued that unpaid reproductive labour performed mostly by women is in fact a key source of capitalist profit accumulation. Particularly under scrutiny was unpaid domestic and care work in families and households. Housework was in this debate redefined as work, not a personal service, and it was argued that domestic work which reproduces the worker is the pillar of all other forms of work (Bubeck 1995; Federici 2013).

Drawing from a Marxist perspective, the socialist feminist movement held that understanding domestic labour and its relationship to the reproduction of labour-power would be key in fighting women's subordination. They argued that the material basis of women's oppression lies in the sexual division of labor, with different type of praxis undertaken by men and women. The division is defined by the separate spheres of public market and private family (Jaggar 1983, 70, 105-126). This gendered character of social reproduction, even with the relatively large scale socialization of care work into the public sphere by the end of the 20<sup>th</sup> century, has remained quite

---

<sup>7</sup> It should be noted that the terminology of production and reproduction is a contested terrain and these terms are used in a range of ways, by Marx and others after him. This discussion however, is out of scope here.

static, as we will see in the case of Finland. Indeed, socialist feminists argued already in the 1970s that even in the absence of coercion and in a context of abstract equal rights with men, women are compelled to perform domestic and care work. As Lynda Lange put it, ‘everything in society conspires to ensure that women do this work’ (quoted in Jaggar 1983, 131). To attain justice and end women’s alienation, then, ‘the sexual division of labour must be eliminated in every area of life’ (Jaggar 132).

The socialist feminists also noted how political theories (before feminism) ‘have devalued, in one way or another, the daily work of bodily maintenance, particularly the care of children, and have seen human freedom and fulfilment as consisting in the transcendence of this work’ (Jaggar 1983, 306; cf. Beauvoir 2009). To rectify this situation, the Wages for Housework movement began in the early 1970s in Italy, Britain and Canada. Wages were demanded as a means of recognizing the value of the work women perform in the household, and to ensure women economic independence from men. The movement disappeared in the 1980s, however, with the increasing entry of women into existing forms of wage labour which presumably reduced their interest in defining themselves as houseworkers, and with the feminist movement increasingly focusing on struggles at workplaces, and elsewhere. Of course, this did not mean that the invisible work done in households would have disappeared (Federici 2013; Jaggar 1983, 329).

What makes these arguments over reproduction complicated is the redistribution– recognition dilemma specific to women that Fraser has articulated. To gain justice in terms of care and housework, feminists have had to ‘pursue political-economic remedies that would undermine gender differentiation, while also pursuing cultural-valuational remedies that valorize the specificity of a despised collectivity’ (Fraser 1995, 82). Insofar as women suffer from distinct kinds of injustice (economic and cultural), they also require distinct kinds of remedy – both redistribution and recognition. The dilemma is that the two remedies pull in opposite directions and are not easily pursued simultaneously. As Fraser puts it, ‘[w]hereas the logic of redistribution is to put gender out of business as such, the logic of recognition is to valorize gender specificity’ (ibid, 80).

The discourse on care as work thus first emerged in the context of the political-economic ‘politics of redistribution’, where inequality and economic exploitation are central concerns. But there were also calls for recognition, for example of the value of care in terms of motherhood and motherly care, or the identity of housewives. Whilst demanding cultural recognition for these roles was clearly intertwined with the demands for redistributive redress, if the remedies remained affirmative (i.e. did not fundamentally transform care relations), problems and injustice would persist; revaluing typically feminine social roles in an attempt to ensure women respect leaves unchanged the binary gender code that gives the idea of femininity (for example motherly care) its sense in the first place. Likewise, leaving intact the deeply gendered structures of the political economy requires affirmative

surface reallocations to be made again and again. Here women as primary care givers are marked as dependent – even privileged – as recipients of aid, which in turn might lead to backlash injustices of misrecognition and resentment against affirmative action (Fraser 1997, 27-31).<sup>8</sup>

Fraser has noted in her discussion of care at the end of the 20<sup>th</sup> century that most Western countries have now at least to some extent recognized and redistributed care and domestic labour. Considering care and the ideals of citizenship, Fraser has analyzed gender equity in care relations by comparing the models of Universal Breadwinner and Caregiver Parity as two idealized forms of structuring gender and care work (Fraser 1997, 41-66). The former is implicit in models which try to ensure women equal opportunities for employment, for example providing access to free or affordable day care. This is to a certain extent implemented in the Finnish child care system. The latter model instead provides recognition and some economic support for informal care work (as the cash-for-care schemes in Finland do, to an extent). Assessing these models according to seven normative principles (including both cultural-valuational and socio-economic ones), Fraser argues that neither, despite their advantages, is satisfactory. Instead Fraser proposes a third approach that 'would induce men to become more like most women are now', that is, people who do primary care work. She terms this vision Universal Caregiver. Fraser admits, however, that this would entail wholesale restructuring of the institution of gender and dismantling the gender division of labour (ibid, 60-61). The cultural coding that attaches femininity to caring seems to be very hard to break. The idea of Universal Caregiver should, therefore, be taken as a guiding vision, Fraser proposes, in the development of care policies (ibid, 62; cf. Perrons 2000). The understanding of care in Fraser's analysis, as in the literature on social reproduction, boils down to care work, and the struggles over the recognition and (re)distribution of that work (in particular child care) is where the political struggle is situated. And it is gender justice which is particularly at stake here, when care and social reproduction are scrutinized and shown to be of pivotal public significance. As regards political thought, we begin already at this point to see how the gendered distinction of public and private spheres that political theory holds dear is transcended when caring is considered in its social context.

The concept of social reproduction has been revived in recent years. Feminist political economy research in particular has sought to explain the gendered nature of some of the fundamental processes of current restructuring in political economy. Again, feminist theorists question the invisibility of social reproduction in mainstream analyses (for a review, see

---

<sup>8</sup> As discussed in chapter 1, Fraser maintains that both recognition and redistribution are necessary for justice. But she shows how their analytical distinction is worthwhile also in the way it illuminates and explains the history of women's movements, where a 'pattern of oscillation between integrationist equal-rights feminisms and "difference"-oriented "social" and "cultural" feminisms' has been noted (Fraser 1995, 80, footnote 21).

Bakker 2007). Isabella Bakker writes how still today ‘the assumption that wage labour is considered to be an unproduced resource leads to assumptions about the infinite flexibility of women’s labour’ (Bakker 2007, 546). The significance of such assumptions is pivotal in the context of austerity politics, which could also be interpreted as resting on ‘women’s labour “taking up the slack” of reduced public service provisioning’ (ibid). Reviewing the literature on social reproduction, Bakker discusses the erosion of the conditions of social reproduction under neoliberalism,<sup>9</sup> and notes how market values and their accompanying rationality increasingly extend to and reshape all social relations.

In the field of economics proper, too, similar observations and arguments have been made, and the importance of care work for the economy and society has been emphasized. Nancy Folbre, for example, argues that caring produces many positive externalities and spillovers which society heavily relies on, but these are not recognized adequately (Folbre 2001, 50). Susan Himmelweit notes that recent years have seen at least some accounting innovations that recognise the role of care in economic terms, and in fact show that ‘the output of unpaid care is comparable with that of major industries in the paid economy’ (Himmelweit 2007, 582). Still, this is by no means in the mainstream yet, and the dominant measure of growth, GDP, does not account for unpaid labour (ibid.). According to Himmelweit, care is ‘both an important contributor to the economy and a practical limit to its growth’ (ibid). Due to the nature of care work, where in economic terms the labour input is valued as part of the product, that is, ‘the output is the care itself’ (ibid, 585), an apparent increase in productivity might actually mask a real fall in quality (ibid, 591). To maintain even the current standards of care, spending on care should rise roughly in line with GDP, because productivity increases elsewhere in the economy tend to cause the costs of caring to rise. Himmelweit argues for a generous strategy for caring now, as otherwise caring norms will erode and the standards and availability of care will fall (ibid, 596-598).

Considering care as intimately tied to social reproduction and the economy helps to situate it within globalized macro-economic developments and trends of redistribution. From this perspective it seems that, increasingly, the governance of all aspects of life serves to enable profit accumulation in and through the sphere of reproduction, but also to individualize risk and, somewhat paradoxically, return the responsibility for care to the family (Anttonen and Häikiö 2011; Eräranta 2013; Federici 2013; Repo 2011; Vaarama and Noro 2005). Thus, it follows that any policy analysis of care must recognize the (global) context of capitalist restructuring, which affects the practices and policies of care from the level of grass-roots practice and everyday life to the national governance of care policy. Even though care work always necessitates a bodily presence

---

<sup>9</sup> The concept of neoliberalism is discussed in length in chapter 3.

(Vaittinen 2015), care relations today are transnational, as global care chains of mainly women silently fill in systemic malfunctions of Western societies (Hochschild 2000). Furthermore, global care capital seeks to increasingly extract surplus value from this sphere of life by further commodifying care relations (Hoppania and Vaittinen, 2014). I discuss these trends in more detail below, and in relation to Finland in chapter 3.

Another way to conceptualize what is happening to care relations today is through the notions of informal and formal care work. Empirical and comparative studies in particular utilize this self-explanatory distinction. The welfare state, markedly in its Nordic variants, has formalized much of the care work previously done informally in households. Health care and child care in particular are formalized, or socialized (Daly and Lewis 2000), to a significant extent, with varying levels of marketization. Tied to the increasing socialization and marketization of care is the literature on global care chains that has exposed the global dimension of care relations. Extending from poorer to richer societies, these chains link together transnational families and households. Through the movement of professional nurses and other care workers, doctors and care capital, they connect, as well, a range of public and private actors, revealing the importance of care in the operation of a global political economy (Isaksen, Devi and Hochschild 2008; Huang, Thang and Toyota 2012; Williams 2010; Yeates 2004; 2011).

Due to the aging populations of OECD countries, *elder* care has in recent years gained increasing attention in policy and research. Previously, the prime example of care work was child care, and the early social reproduction debate and feminist organization for recognition and redistribution of care labour, for example, did not specify or highlight elder care. This has changed since, as (more or less satisfactory) child care policies have been developed in many countries, but in elder care there are no comprehensive policies in place to respond to the demographic situation; the numbers of frail old people in need of care are rising significantly in most EU countries, and this worries governments. Even bodies such as the OECD now produce recommendations and studies on old age and long-term care (see for example Colombo et al. 2011; OECD 2013). Peggie Smith (2004), who titled her article 'Elder Care, Gender, and Work: The Work-Family Issue of the 21st Century', calls for recognition of the realities lived by people with elder care relations. She studied elder care and working life in the context of the demographic structure of the US and argues that the direct and indirect, monetary and other costs that stem from elder care are significant. Smith points out that the hefty economic price tag of elder care extends indirectly to employers; initial research indicates that caregiving for the elderly takes a tremendous toll on worker productivity (Smith 2004, 22). Folbre on the other hand has noted that 'there is reason to believe that the supply of unpaid labor for home elder care will soon shrink' (Folbre 2001, 37). This is based on the larger cultural-economic shifts in gender relations whereby '[t]he price of providing care has gone up for [women]. And while they may agree that they

have an obligation to care, they are unlikely to agree that their obligation is any greater than that of their husbands or sons or brothers. We are likely to see more and more negotiation over the distribution of elder care responsibilities' (Folbre 2001, 37-38). These negotiations can take place on any level, from individuals and families, to national care policy, to transnational relations. In-between areas and semi-formal care arrangements are a locus of shifts in responsibilities in particular in welfare states which are transforming from familist models to 'transnational market familism'. In this model, supported by varying cash-for-care schemes, families buy in care labour, commonly provided by migrant workers (Näre 2013).

The production and policies concerning formal care services, and the increasing marketization and commercialization of elder care services and the entire social and health care sector in the past two decades (see ch. 3), have recently also attracted scholarly attention. However, a fresh study on the marketization of elder care in the Nordic countries, edited by Meagher and Szebehely (2013), concludes that how and why marketization policies are transmitted needs to be better understood, and that further research into the consequences of marketization is also necessary, to consider, among other things, possible risks for increased inequalities (ibid, 280-282). Based on existing literature reviews, they nevertheless argue that there is '*no clear evidence that introducing competition and choice into Nordic eldercare services has led to cost savings or quality improvements*' (ibid, 277, emphasis in original). In the case of Denmark, Tine Rostgaard actually suggests that the introduction of free choice (in home care for the elderly) constitutes an overarching ideological response to the crisis of the welfare state, where choice is presented as a way to improve user autonomy and care quality and cut costs, while in fact most users desire continuity in care more than the opportunity to 'exit' a care relationship (Rostgaard 2011).

In the United States, Charlene Harrington et al. (2012) have studied how ownership is related to deficiencies in nursing homes for the elderly, and found that in particular large for-profit chains have poorer quality (that is, more deficiencies) than government-owned facilities. They also reference previous studies which have found that for-profit ownership is related to poorer quality of care than nonprofit, and other studies which also suggest that nursing home chains (companies that own or operate two or more facilities) have lower staffing, poor resident outcomes, and more deficiencies (Harrington et al. 2012, 107, 117-118, 122-123). Similarly, a body of evidence in Canadian research suggests that 'for-profit facilities and especially international chains provide the most inferior care and working conditions' (Armstrong 2013, 224-225). Such extensive studies have not been done in Finland (yet), and the institutional context is in many ways very different



from that of North America.<sup>10</sup> Nevertheless, these studies bring attention to factors which might play a significant role in the shaping of elder care services, namely the way in which marketization brings a business orientation to the field of care services:

Publicly traded companies have registered securities for sale to the public generally through a stock exchange. These chains operate on the concept of 'shareholder value,' to benefit investors [...] Companies use a system of applying rewards and sanctions to managers, boards of directors, and financial institutions to encourage the maximization of profits, return on equity, and stock prices. [...] Under this system, executives must prioritize shareholder value over other goals such as quality services and employee welfare (Fligstein 2001).

(Harrington et al. 2012, 109)

In effect, these companies prioritize financial goals at the expense of (good quality) care (see also Himmelweit 2007). The effects of marketization on care have very recently been gaining increasing attention, and offer a fruitful access point to the governance of care. I will return to these issues in due course.

From the perspective of work and social reproduction more broadly, care as a political question seems to boil down to the problematic (gendered) relations of work and family, public and private, personal and political. But why has the welfare state not solved these issues, even in its extensive, potentially 'women-friendly' (Hernes 1987; Borchorst and Siim 2002) Nordic version? The so-called Nordic welfare state model that Finland represents is committed to social care services on a universal basis. The ethos is that everyone in the country has a right to state-provided services irrespective of employment status, and individuals' dependency on their families is minimal. This can also be conceived as a decommodifying impact, as it also renders the well-being of individuals independent of market forces (Borchorst and Siim 2002, 91). At the same time the model aims to support gender equality by reducing women's domestic and care work burden. Likewise, Nordic care research has typically covered a larger field than the Anglo-American tradition, where the concept of caring was for a long time limited to unpaid informal care. The arrangements of childcare, care work in formal care services and welfare state social policy more widely have been the framework in which care has been situated in the Scandinavian context (Kröger 2009, 401). Today the difference between the two research paradigms has diminished and both informal caregiving in families and formal care work are better connected conceptually (ibid). But what nearly all care research highlights is the gendered character of care. Both unpaid

---

<sup>10</sup> The question of quality is discussed in detail in relation to Finland in chapter 5. Marketization of Finnish elder care services is discussed in chapter 3.

and paid care is performed overwhelmingly by women, manifesting the heavily gendered work and life patterns that keep the remuneration levels and recognition of care low (Dahl 2004; Kröger 2009, 401-402; Fraser 1997; Vega 2008). In these discussions care is typically presented as a nation-state centered policy question, although more recently migration and global care chain literature, in relation to welfare states, has expanded and globalized this discussion (Williams 2010).

To sum up, the social reproduction and welfare state literature is an extensive and multifaceted discussion on social policy, and care emerges here especially in its relation to paid and unpaid work and the 'gender system' (Hirdman 1991). Feminist welfare state research considers gender and the gendered division of labour fundamental in relation to other principles of organizing society, and it is in large part the organization of care that is at issue in the gender system. As Folbre has noted of the gender system of patriarchy, it 'was not simply a means of privileging men [but also] a means of ensuring an adequate supply of care' (Folbre 2001, 20). In the social welfare state research, too, care is largely conceived of as work and taken as an unproblematic, naturalized fact, an issue which is simply to be fairly (re)organized (cf. Waerness 1984).<sup>11</sup> The political struggle here is over making visible and recognizing the importance of care work, and on securing the resources and sharing the labour of care equally, that is, on redistribution. As the research reviewed above shows, simply considering care as work opens a wide and complex horizon of issues and contexts to which care is politically related. But notwithstanding this rich, largely empirical research, mainstream political theory, as Daniel Engster has noted, has generally lagged behind political practice in recognizing and justifying care policies such as parental leave policies and universal health programs which have become prevalent following demographic, economic and other changes in society. He writes:

When one turns to the major works of political theory written over the last half century—say, Rawls's *A Theory of Justice*—one finds no mention of many caring policies and only oblique references to many others. [The major schools of contemporary political thought...] are not especially well suited for recognizing and justifying many caring policies. While politicians have thus found themselves in recent years responding to the very real needs of individuals for more caring policies,

---

<sup>11</sup> This seems to often be the case even though feminist theorists were already in the 1980s discussing the specific rationality of caring and how its emotional demands might clash with the instrumental performative rationality of the public sphere (for example Keränen 1987, 26). The discursive production and the political implications of these clashing rationalities have in any case remained underexplored until recently (see Hoppania and Vaitinen 2015).

political theorists have generally ignored these developments or failed to recognize them as representing anything new.

(Engster 2007, 242)<sup>12</sup>

In the above, I have outlined the largely feminist interventions in arguing and theorizing for more just, or caring, policies, and contra Engster, I would conclude that they actually form one major school of contemporary political thought. Nevertheless, the political theory produced in these debates remains unsatisfactory, because it considers care almost entirely in terms of labour/work, and has not focused on the ideological aspects of care. Anneli Anttonen, a leading scholar on care and care policies in Finland, points out that ideologies of care have not been studied in depth in the Finnish context (Anttonen 2009, 55). But this is not the whole story of care research. The following section turns to the ethics of care literature to search for a better understanding of the politics of care.

## 2.3 From ethics of care to political arguments

In addition to the tradition which emphasizes care as work, the concept of care has emerged as a central category of analysis in theories on ethics and moral development. In this section, I introduce this strand of care research, concentrating on its relevance for wider social theory and political thought. First articulated by Carol Gilligan (1982), the *ethic of care* was conceived as denoting a woman-specific way of relating to others, and contrasted with the ethic of justice that is typical of men and in theories developed by men. The gendered division articulated here is not claimed to be based on essential sexed characteristics; rather, the different dispositions are considered simply more typical in women and men respectively. According to Gilligan, the ethic of care is characterized by responsibility, empathy and commitment, and in contrast to the abstractness and formality of ethics of justice, it is directly connected to concrete situations and the interdependence of human beings. Based on her studies with female students, Gilligan argued that their view of themselves compared to males was more strongly connected to human relationships, and their way of moral reasoning was insistently contextual, producing a 'different voice' from what was covered in existing theories of moral development. If in the dominant theory of moral development (namely, that of Lawrence Kohlberg), mature morality meant developing an ethic of justice, that is, an abstracted, generalized viewpoint, an ethic of care

---

<sup>12</sup> Engster (2007) himself aims to relate care to political theory, but does this mainly in terms of ethics (as does Tronto, whose work I discuss below), which, I would argue, limits his project. Engster also does not make extensive use of feminist political thought in his discussion on (liberal) political theory and the ethics of care, and thus his arguments, while an important contribution to care theory, fail to build a convincing case for understanding the politics of care.

denoted a different kind of experience and construction of social reality. This type of moral judgment exhibits a greater propensity to take the standpoint of the 'particular other' (Benhabib 1986, 403), and moral requirements are seen to emerge from contextualized, particular needs of others. This was not a developmental deficit, Gilligan argued, but simply a different way of perceiving the world and understanding morality. Furthermore, she argued that the conception of adulthood purported by Kohlberg's theory was skewed to exaggerate the separateness and detachedness of individuals from others. She claimed that an exclusive focus on justice reasoning has obscured the psychological reality and normative significance of the ethics of care (Flanagan and Jackson 1987, 623). From the care ethics perspective, conflict arises not from competing rights but 'between compassion and autonomy, between virtue and power', and the 'feminine voice struggles to resolve [this conflict] in its effort to reclaim the self and to solve the moral problem in such a way that no one is hurt' (Gilligan 1977, 491).

Gilligan's work sparked a lively debate and ethics of care has since been further developed by numerous theorists and researchers, and it has been applied in various contexts ranging from education to international relations (for example Held 2006; Noddings 2013; Robinson 1999; Sevenhuijsen 1999). The most salient critique of the theory has been concerned with the (alleged) gender essentialism which the approach seems to imply. However, examined in a wider social context, feminists have stressed that delineating the ethics of care from other ethical approaches (typical in men) is not about gender essentialism, but rather, that different moral orientations can function as categories of challenge (Harding 1987), which bring forth the ideological aspects of different worldviews. Analyses of social relations and experiences also reveal that social position and gendered distribution of labour, for example, in fact produce specific types of morality.

The arguments made by feminist researchers in the psychoanalytic tradition lend support to these views. For example, Nancy Chodorow (1999[1979]) has argued that the social dynamics of infant and child care produce gendered (ethical) subjectivities; that is, more relational self for girls and more autonomous identity for boys. However, it has also been pointed out that in practice the differences between the ethics of care and ethics of justice are not so clear, and in fact everyone uses both orientations depending on the context. What kind of ethic is used depends a great deal, for example, on who the moral dilemma involves: 'men and women alike are happy to apply abstract universal laws and principles to strangers, but tend to turn to the ethic of care for answers when considering the plight of friends or other intimates' (Fine 2010, 24).

The two perspectives (ethic of care and ethic of justice) are thus not incompatible, although it has been suggested that for most individuals one way of seeing moral problems dominates to some degree and that this direction of dominance is correlated with gender (Flanagan and Jackson 1987). More recent social psychology literature explains this dominance by

showing how people take up and use gender as a social identity, whereby gendered priming and automatic associations produce (gender) stereotypical behavior. However, social psychological research also shows that ‘when we are not thinking of ourselves as “male” or “female”, our judgements are the same, and women and men alike are sensitive to the influence of social distance that, rightly or wrongly, pushes moral judgements in one direction or another along the care-justice continuum’ (Fine 2010, 25).

Furthermore, as Hamington has pointed out, care ethics is not necessarily antithetical to universalist ethics as when care is understood to encompass an element of imagination, of going beyond the immediate situation, consideration of abstract rules and consequences are possible too. In ethics of care these abstractions just do not get a universal or absolute status, as considerations of care cannot be separated and abstracted from the contextual, embodied relations in which they are embedded (Hamington 2004, 4-6). Sandra Harding for example has argued that ethical outlooks are not separate from other cultural beliefs and ways of thinking. Gendered differences in these respects are connected to wider structural differences in society. Harding has taken a more intersectional approach on the issue, ‘to look beyond Western women’s distinctive social experiences to identify the social conditions tending to produce [an ethic of care]’ (Harding 1987, 306). She points out how care ethics has affinities with the perspectives of African moral thought, and suggests considering how different worldviews are embedded in a larger social context of difference, and structured by oppression and exploitation. Reflecting on the persistence of cultural tropes about naturalized gendered ethics, Harding asks some illuminating questions: ‘Why is it important for women and men to be culturally assigned different moralities? What social arrangements do such designations legitimate?’ (Ibid, 307).

It is these kinds of questions regarding the function and ideological significance of different moralities that bring the discussion of care ethics closer to the core of political thought.<sup>13</sup> Joan Tronto in her *Moral Boundaries* (1993) took up an enquiry which examines the separation of the concerns (and ethics) of care from politics, and puts it in its historical context. While I consider Tronto’s historical analysis especially pertinent to the political analysis of care, the part of her work that seems to be most discussed in care

---

<sup>13</sup> Thinking of care in terms of ethics has been taken up in several disciplines, and theories of care as both work and an ethical approach have been developed for example in sociology, where the ideas of a ‘rationality of caring’ (Waerness 1984), or care as a ‘labour of love’ (Graham 1983) have produced a rich literature. This also means that the division of the literature into the two strands of work and ethic is somewhat misleading, and it should be taken largely as a way to analytically organize the insights of past research. However, notwithstanding the calls to recognize the specific qualities and ethics of care work in the organization of public care, these discussions do not discuss *the political* implications and dimensions of care to any significant extent. As it is my aim to do just that, I focus here on the work of Joan Tronto, which is explicitly connected to political thought.

research to date has to do with her definition and characterization of care. Drawing from her collaboration with Berenice Fisher, Tronto developed and elaborated the concept of care. On their view, care means more than taking an interest in another person; it carries with it two additional aspects: it implies a reaching out to something other than self, it is neither self-referring nor self-absorbing, and it implicitly suggests that it will lead to some kind of action. Care also implies accepting to take on some form of burden and takes the concerns and needs of the other as the basis of action (Tronto 1993, 102-104). Care is thus both an (ethical) disposition and a practice, and one that entails a specific rationality (see also Waerness 1984). As with Gilligan, in Tronto's account morality based on care is also highly contextualized and instead of individual autonomy, it focuses on human relationality and interdependency.

Tronto and Fisher define care in terms of four intertwined phases: caring about, taking care of, caregiving, and care-receiving. They see care as being characterized by four ethical elements: attentiveness, responsibility, competence and responsiveness. Thus they show how care is a complex and demanding ethical practice and process, not a simple natural instinct (Tronto 1993, 102-110, 127-137; Fisher and Tronto, 1990). Tronto also alludes to the transformatory potential of care that could be realized if care was given its rightful place in society (cf. Fraser 1994). If taken seriously, Tronto claims, care would quite fundamentally 'shift the terms of political [and economic] debate'; indeed, '[t]he world will look different if we move care from its current peripheral location to a place near the center of human life' (Tronto 1993, 175).

Whilst Tronto's articulation of what care is essentially about – and the many attempts that have since been made to capture this essence – are valuable, these efforts seem mainly to have highlighted the complexity and multidimensionality of care, how it is essential to human reproduction and life – but difficult to succinctly define. But what exactly would recognizing the importance of care, or 'taking caring seriously' (Tronto 1993, xi) mean? As Tronto and others have shown, care is not taken seriously enough in most western societies, and certainly not in conventional liberal or mainstream political thought (Bubeck 1995). The crucial task of political analysis, then, is to show why this is so, even in an allegedly 'women-friendly' (or should we say 'care-friendly') Nordic welfare state. I attempt to show with the study at hand, that an empirical case study of care politics can shed light on that larger question of political thought and care too. This is where I think Tronto's historical reading of care is of utmost value, though in her book she started with the historical reading, and then moved on to develop the concept of care. Unfortunately, it seems to me that some of the insight of her historical reading has been lost to Tronto herself and others drawing on her work. Or rather, the consequences and implications that this account entails have not been exhausted or explicitly discussed. Namely, what Tronto does is that she shows how the type of morality that ethics of care refers to was

historically confined to the private, feminized sphere of the household, and how its demise and confinement is connected to the historical rise of the global capitalist market economy from the seventeenth century onwards. Tronto conceptualized these developments by articulating the boundaries that shape and structure politics and morality in the modern era. She argues that our current moral boundaries were in place by the end of the eighteenth century (Tronto 1993, 26). Using the concept of care, she exposes and challenges the boundaries between 1) morality and politics, 2) rationally distant and practically embedded points of view, and 3) public and private life, and considers how these boundaries emerged (ibid, 9-10).

Tronto refers to the school of thought known as the 'Scottish Enlightenment' (and, in particular, to Hutcheson, Hume and Smith) as representing a serious pre-Kantian moral theory which, however, was on the losing side in the shifting arguments in 18<sup>th</sup> century moral thinking (Tronto 1993, 36). This pre-Kantian theoretical tradition had its origins in Aristotle and was focused on moral sentiments, virtues, and ends of human life. Strikingly similar to the ethics of care, Tronto points out, this approach became more and more implausible over the course of the 18<sup>th</sup> century. The economic and social transformations of the time, the emergence of a geographically vast, market-oriented and competitive world, the rise in paid work and separation of economic life from the household worked to reshape and reconfigure the three boundaries. (Ibid, 25-59) Chodorow, too, has noted that the change in the organization of production, from within the household to outside the home 'went along with and produced a complex of far-reaching changes in the family and in women's lives. In addition to its diminished role in material production, the family lost much of its educational and religious role, as well as its role in the care of the sick and aged' (Chodorow 1999 [1978], 4; see also Federici 2004).

Increased trade and the commercial quality of the newly forming society changed the meaning of virtue: it was now dislodged from social practices, made to appear as a 'natural' drive, and understood as calculating and self-interested. What sustained this virtue? '[R]eason, that higher plane of human existence, and [...] sentiments, the grounding place of human existence, now rooted in the household' (Tronto 1993, 50-51). Therefore, Tronto explains, '[w]ith the decline of the idea of civic virtue, the household and the women who resided there were left to supply certain types of moral experiences. This argument furthered two ends: first, it located moral sentiments within an institutional framework that eased their lessened importance, and second, it served to contain women' (ibid, 52). In other words, the idea of a contextual morality that arose out of moral sentiments was displaced by an emphasis on universal reason and self-interest which was seen as a regulator of human activity in the public sphere in general. This is how the modern moral boundaries were formed; 'the moral point of view' now consisted 'of a set of principles that are universalizable, impartial, concerned with describing what is right' (ibid, 27). Morality was abstract and formal, an autonomous sphere

of life separated from politics. The concomitant emphasis on the separate (gendered) private and public spheres allowed for different principles of action: the increasingly calculating quality of men's public lives was balanced with the idea of women's 'natural' domestic role in providing the sentiments of sympathy, benevolence and humanity. The 'household of emotions' became an antidote to the self-interest and corruption of the market (Tronto 1993, 29, 55). Thus, by analyzing how these moral boundaries have emerged, Tronto in effect shows how the current difficulties in recognizing and redistributing care adequately and equally emanate from political and historical processes.

In essence, by showing how a new political-economic subject (one chiefly characterized by self-interest) was formed by pushing care ethics into the private, feminized sphere, Tronto exposes the gendered nature of modern political and moral theorizing. She ties care and the discursive making of subjects (cf. Foucault 1982) into her political analysis. Similarly, Seyla Benhabib has connected the whole early modern political project to an implicit ideal of autonomy, cherished by the tradition of social contract theories. Benhabib writes:

The sphere of justice from Hobbes through Locke and Kant is regarded as the domain where independent, male heads of household transact with one another, while the domestic-intimate sphere is put beyond the pale of justice and restricted to the reproductive and affective needs of the bourgeois pater familias. [...] An entire domain of human activity, namely, nurture, reproduction, love, and care, which becomes the woman's lot in the course of the development of modern, bourgeois society, is excluded from moral and political considerations, and relegated to the realm of 'nature'

(Benhabib 1986, 407-408).

The perpetual ignorance, even degradation, of the importance of caring for human life serves the interests of those in positions of power and privilege who now benefit from the uneven distribution of caring work, Tronto argues. This does not mean that anyone deliberately obscures care to maintain their privilege, but that specific ideological currents centring on individualism and autonomy function to trivialize and produce fragmented views of care. (Tronto 1993, 93,111) The rhetorical force of solidifying the boundary between politics and morality thus has serious consequences and 'prevents us from seeing that moral theory conveys power and privilege' (ibid, 93).

Tronto demands that we ask what we want moral and political theory to do. Concepts and theories have a strategic role too, she reminds us, and current moral and political theories work to preserve inequalities of power and privilege, and degrade 'others' who do caring work. For Tronto, moral theorizing is, or can be, a tool for perpetuating power relations. But also to challenge them, as care theory does. She claims that an integral concept of care will alter central aspects of moral and political theory, and shift the



focus from autonomy and dependency to a more sophisticated sense of human interdependence (Tronto 1993, 101).

However, despite Tronto's seminal work and the expansion of care research since to cover fields from the intimate sphere to global relations (for example Robinson 1999), care remains a marginal concern in social sciences, and even more so in political science.<sup>14</sup> Why has care theorizing not managed to penetrate political thought, to change its core aspects? One might think this has to do with the sexism of academia, where women's and/or feminists' contributions are routinely ignored by the mainstream (Braidotti 1993, 196, 244-246). However, feminist ideas are actually sometimes taken up by the establishment (cf. Fraser 2009) so the answer, I think, does not lie in the structures of academia as such (even if they do play a role here). Rather, it has to do with the transformative change that a full acknowledgement and recognition of human vulnerability and the interdependencies involved in care would require. Unlike in the canonical works of political philosophy which give prominence to interactions among equals, centring the discipline around care relations would require paying more attention to interactions among *unequals*, relations which actually dominate our social life (Feder and Kittay 2002, 2).

The abstract political-economic subject perfected as *homo oeconomicus* in economic theory and assumed in neoliberalism (Foucault 2008), in other words, the modern subject which political theory and the socio-political order created through the emergence of capitalism, is certainly not a caring subject. Care work is still largely socially undervalued, invisible activity, and it is acceptable to avoid it as long as possible; working life encourages everybody, including women, to escape from informal care work (Vega 2008, 55). At the core of modern subjectivity is first and foremost a self-interested, rational being, removed from the muddy, banal facts of the 'distaste-materialist' world of care (cf. Foucault 1982, 779; Tedre 2004). Attempts to respond to the challenges presented by care as a 'life-sustaining web' of relations (Tronto 1993, 103) are difficult to combine and merge with mainstream political theory without redefining the boundaries of the whole discourse. The key boundary here is drawn between the public world of politics and private world of care. As Tronto and other feminist theorists have shown, this distinction is highly gendered and the historical confinement of women to the private world has repercussions for the whole of political theory (Okin 1992; Pateman 1988).

---

<sup>14</sup> In her more recent work Tronto has expanded her framework by focusing, among other things, on caring institutions and the need for democratic politics to assign responsibility for care (for example Tronto 2010). Nevertheless, I refer mostly to *Moral Boundaries* as I consider it still the most relevant work to the present study, because of the way it takes up large-scale social analysis and explicitly situates care in relation to the political and moral theory that justifies particular social care arrangements.

Linda Zerilli has argued that woman's very presence in the conversation of political theory is transgressive (Zerilli 1991, 254). The Machiavellian metaphor of (political) conversation, which has been further developed by Wolin, presents a traditionally accepted understanding of the view of the 'political vocabulary', 'perennial dialogue' and 'conversation' of political theory as separate from material origins and domestic space. The latter in turn are seen as the quintessentially feminine sphere of life. According to Zerilli, a woman theorist who intervenes in the conversation but '[r]efuses to forget or deny her material origins and activities in the house' and interprets that derided domestic space not as a debilitating condition of immanence but as brimming with political meaning, disrupts the terms of the conversation (ibid, 252-254). Or, following Irigaray's account of language, the universal symbolic rules of discourse itself are disrupted by women's alien status in the symbolic contract. The theoretical activities of (typically male) philosophers must push all that exceeds and threatens the reflexive power of 'his vision' (which renders political phenomena intellectually manageable) into an 'omitted background', the 'unthought' of political discourse (Ibid, 260-264).<sup>15</sup> This background is clearly the feminine sphere of life, the private relations of sexuality, care and the home. Zerilli argues that the mask of tradition as conversation is '[b]ut a subterfuge, an artifice invented by an academic interpretive community to evade the kinds of questions that feminists pose when they state that the personal is political' (Ibid, 270).

I would argue that care and care relations are the epitome of the 'unthought' of political discourse that feminists have sought to theorize and make visible, and they are central in the view of the personal as political. Care thus functions as a concept which challenges the conversation of political theory which Zerilli among others describes as constructed along gendered lines, (re)structuring moral boundaries, in Tronto's terms. Care has the potential to reframe some of the political challenges we are now facing with the multiple crises (Fraser 2011) – the reorganisation of social reproduction and the redrawing of social policy (for instance, in elder care) – currently being tackled under the pressures of the financial crisis. Considering the advances women have made in terms of political and social rights over the 20<sup>th</sup> century, and the equality that contemporary political theory and practice (at least in principle) grants to both sexes, it might be that the notion of care has even more potential in social-political analysis today than gender. In the following section, I turn to the most recent care research, which, for me, displays this potential by explicating and elucidating care in today's socio-political context, and by articulating care in terms of embodied relationality.

---

<sup>15</sup> \*Zerilli refers to terms used by Wolin and Irigaray.

## 2.4 Logic of care and global corporeal relations

In recent years care research has expanded its focus on the ethics of care and/or care as work to care relations in the context of a globalizing world, and in terms of embodiment. While care is observed to be increasingly an object of governance, regulation, and marketization, it is also articulated and understood as a corporeal relation and characterized by an idiosyncratic logic. Some studies have also brought these two aspects of governance of care and logic of care together, and examine for example the tensions between regulation and relational care.

Firstly, a new focus on the corporeality of care and a focus on the body have surfaced in care research (Federici 2004; Hamington 2004; Tedre 2004; Twigg et al. 2011; Vaittinen 2015). Tiina Vaittinen, for instance, argues that the political dimensions of care should no longer be understood in terms of work or the moral dispositions enabled by caring, but rather seen as departing from the needs of the body, which force us to make (political) choices on whether or not to respond to those needs. She argues for an understanding of care as a *corporeal relation*, which materializes through embodied encounters between care givers, care receivers, and those providing resources (Vaittinen 2015). Maurice Hamington, too, has analyzed the embodied dimension of care and considers what it means for morality. He argues that care is so basic to human existence that our bodies are 'built for' care. Taking a phenomenological perspective, Hamington writes: 'Care is a way of being in the world that the habits and behaviors of our body facilitate. Care consists of practices that can be developed or allowed to atrophy' (Hamington 2004, 2). He also stresses the importance of *embodied and affective knowledge* that informs care: '[C]onsider how eating a good meal elicits a joy that does not translate well into words. The body 'knows' many things, including how to care, through its transactions with its environment. Like any knowledge, caring knowledge can be developed and attended to, or it can be neglected or lost. The body acquires habits that are an expression of its knowledge' (Ibid, 4). Caring is thus not something natural, it is a potential, not instinctual, but epistemic, and imagination and learning play a part in how care comes to be realized. Habits of caring, Hamington argues, are 'practices of the body's caring knowledge' (ibid, 4). Both occur through the body as 'care is a corporeal potential realized through habits' (ibid, 5).

The body provides resources in imagination, knowledge, and habits that make it possible to transcend time, space and social situation to care for others. This care is not a totalizing impulse, claiming to occupy another's subject position, but rather an extension of the flesh that allows for a level of understanding. Caring imagination, caring knowledge, and caring habits are enmeshed in a dynamic relationship.

(Hamington 2004, 121)

In other words, as we explained elsewhere with Vaittinen, through the care relations that it carries with it, the body transcends space-time, but this transcendence is material: in our bodies and minds we carry traces and resources of the care we have received as well as the traumas of neglect and the absences of care. We are constituted in and through these corporeal relations of care (Hoppania and Vaittinen 2015).

The embodied, material nature of care relations has implications and consequences for the way care can, or cannot, be managed, regulated and governed. Annemarie Mol (2008) has articulated ‘the logic of care’ in contrast to the ‘logic of choice’, as the latter today prevails in increasingly marketized healthcare, but is often incompatible with or detrimental to good care. She studied practices of (good) care, through a case study of the daily life of diabetes patients, to find the logics incorporated in them. Mol explores many issues that are specific to diabetes, but the overall argument stands for care more generally. Whilst choice is in many instances a positive thing, it carries with it a load of assumptions: The logic of choice requires thinking about care in terms of *transactions*, which in turn requires fixing, or assumes fixed, things that are in fact fluid, such as the circumstances in which choices are made, the alternatives between which one can choose and the boundaries around the ‘care products’ on offer (Mol 2008, 83). Following Mol, the logic of care instead means that rather than engaging in a transaction, caring means that we interact, adjusting our actions so as to best accommodate the exigencies and specificities of the situation at hand to the habits, requirements and possibilities of the persons involved. ‘Care is not a limited product, but an ongoing process’, Mol asserts (*ibid*, 11). Unlike the ideals of freedom of choice, care starts from what people need, not from what they know or want (*ibid*, 22). This does not imply passivity of the care receivers, nor control by the carer. Both are active participants in the situation and the art of care ‘is to act without seeking to control. To persist while letting go’ (*ibid*, 28).

While Mol’s discussion concerns care in the formal setting of health care institutions where the logic of choice prevails, the logic of care more generally understood also exposes the conflicts that ‘personal’ care relations of the ‘private’ realm cause in the ‘public’ sphere which disregards them. ‘The rhythms of care are both unrelenting and unpredictable,’ she writes, ‘and do not easily integrate into the rhythm of the workday or the career in business or politics; the tasks often monopolize the attention of the caregiver’ (Hom 2009, 132). Care is thus characterized by a rationality which is in many ways incompatible with the rationality of the capitalist market and public sphere (cf. Wærness 1984; Smith 2004). I will return to this question of incompatibility of care with other dominant rationalities shortly.

To be sure, the logic of care, while obviously related to the concept of an ethic of care, differs in many ways from it. The ethics of care literature focuses on moral attitudes and ethical practices, and debates mainly within moral theory. The logic of care instead denotes first and foremost a

relationship, one that necessitates, invokes, demands and calls for certain (types of) responses and practices. As Mol writes, '[Caring] is a matter of attending to the balances inside, and the flows between, a fragile body and its intricate surroundings' (Mol 2008, 34). The ethic of care discourse centers on the morality of care practices, and in particular on the attitude and role of the care giver, whilst the logic of care does not focus on the morality of the care relationship as such, but considers the complexity of care practices and relations – including, for example, the role of technology – and the logic by which these relations operate. Furthermore, while Mol focuses in particular on 'good care' and its preconditions by juxtaposing it with the logic of choice, the response to needs can also be immoral; instead of a 'good' care relation, neglect or abuse may result. Thus, the ever demanding nature of care needs does not mean that good care is somehow a natural response. Rather the different elements, such as material surroundings, resources and institutional contexts, discursive and ideological conditions, as well as the history of care relations, organize and structure the world of care. There is nothing inherently good or natural about it; it is a political relation (See also Hoppania and Vaittinen 2015; Robinson 2011; Vaittinen 2015). This is highlighted also in the work of van Drenth and de Haan (1999) and others who have developed and used the concept of *caring power*, for example in analyses of social work and coercive care. Kerstin Svensson (2002) argues in fact that it is impossible to distinguish between power and care, and that some of the confusion that coercive care produces is a result of not acknowledging the role of power in care relations.<sup>16</sup>

These accounts of the corporeality, idiosyncracies and the logic of (corporeal) care relations enrich the care literature and improve our understanding of what care is about. Most of them also take into consideration the wider institutional context in which care is situated today. The value for political studies in explicating the embodied relations and the logic of care lies in particular in the way this brings into focus the contradictions and discrepancies between care and other practices, logics and ideals in the hegemonic standards of social public (working) life, and in policy and governance.

Linked to these concerns, the position and role of care in different governance regimes, in particular those advancing marketization, has become an object of interest in recent care research (for example Williams 2010; Dahl et al., 2011; Meagher and Szebehely 2013). This has to do with the growing appeal of more intersectional viewpoints, and with the renewed interest in the economic and materialist aspects of politics. But it also stems

---

<sup>16</sup> These insights are valuable, but the two studies (harnessing the concept of caring power) mentioned here focus largely on the level of quite specific/individual institutional practices. Care as a technique of power is still an understudied aspect of care, but my aim in this study differs somewhat from the focus of those discussing *caring power*, in that I examine care relations and power at the level of national governance and discourse formation concerning care, not specific care practices.

from situating care relations in an increasingly global context, and in the context of expanding marketization, and even neoliberalism (Mahon and Robinson 2011; Dahl 2012; Wrede and Näre 2013). Additionally, as mentioned earlier, a significant body of research has emerged on the transnationalization of care relations, under the rubric of ‘global care chains’ (for review see Yeates 2012). If Tronto studied the political significance of ethics of care in terms of modern moral boundaries which were (re)shaped by the end of the 18<sup>th</sup> century, the literature on global care chains situates the practices of care in today’s globalizing world. Whilst doing the crucial work of making visible the present day global relations of care and the diverse forms of care provision worldwide, and by identifying the transnational policy responses involved, the approach still considers care largely in terms of work. Recent literature on the political economy of care on the other hand, has started to bring social politics and the ethics of care approach together. Mahon and Robinson (2011, 178), for instance, argue that new thinking is required to ‘disturb and challenge existing dichotomies and the compartmentalization of spheres of life, especially as these illuminate the contemporary processes of the commodification and transnationalization of care.’ I consider these recent developments in care research towards a wider, better contextualized and integrated analysis of care policy and governance highly important for political studies of care.

However, in terms of a more integrated analysis of the politics of care (cf. Fraser 2011), the most promising potential for research, I claim, comes not only from combining the perspective of care as work with globalization, or ethics of care with social policy. Rather, it could emerge through considering insights from articulations of the logic of care and corporeal care relations alongside the level of governance of care. Here, I understand the different (global) social policies as well as discourses and marketization of care to fall under an overall theme of *governance* of care. However, existing studies on this topic rarely employ the perspective of Foucauldian *governmentality*, which, as mentioned in the previous chapter, resonates with the discourse theoretical approach to policy analysis (Howarth 2010) which I utilize in this project.

Foucault (2007, 2008) coined the concept of governmentality to examine the varied uses of power in terms of the ‘conduct of conduct’ or ‘art of government’, which goes on ‘whenever individuals and groups seek to shape their own conduct or the conduct of others’ (Walters 2012, 11). The word refers semantically both to practices of governing (*gouverner*) and to the modes of thought that make the practices seem rational (*mentalité*) (Lemke 2001; see also Foucault 2007, 108-110; Foucault 2008, 167, 186). It designates the ensemble of institutions, procedures, analyses and calculations which allow for the exercise of a very specific, yet complex power which has ‘population as its target, political economy as its major form of knowledge, and apparatuses of security [as its instruments]’ (Foucault 2007, 108). The administrative state institutions are central loci of power here, but

Foucault suggests that the state is not a unified body but rather a 'composite reality and a mythicized abstraction', and so the governmentalization of the state is a somewhat contradictory phenomenon, not reduced or confined to the state (ibid, 108-110). Governance can therefore be undertaken by various actors ranging from international organisations to state institutions to corporations to individuals as conscious selves monitoring their own desires and aspirations. Power is understood in this framework to be dispersed and facilitative, and 'governmentalized' state power, too, is manifested rather as indirect steering than as centralized and repressive government (Dean and Henman 2004, 483-485, 490).

Built on Foucault's work, the framework of governmentality today, according to William Walters, is a diagnostic tool box which offers a means to analyze governance as a widespread phenomenon, occurring within and beyond the sphere of the state. The governmentality approach is capable of 'registering all manner of subtle (and not so subtle) shifts in the rationalities, technologies, strategies and identities of governance – shifts that are often overlooked' (Walters 2012, 2-3). Governance in this sense is not confined to the formal apparatuses of politics, rather governmentality 'defines a discursive field in which power is "rationalised"', so that it becomes possible to address certain issues in a particular manner, while others are made discursively irrelevant. It constructs varied and specific forms of intervention, such as institutional and legal practices, that 'enable us to govern the objects and subjects of political rationality' (Lemke 2001: 191). Government is understood as a domain of cognition, calculation, experimentation and evaluation, and it is tightly linked to expert knowledge and management, which administers its activity thorough numerous, typically indirect tactics of education, persuasion, motivation and encouragement (Rose and Miller 1992, 175).

I propose that drawing on the insights of the governmentality approach could be useful in political care research too. In the social reproduction literature and in feminist movements around domestic work, the political struggle is over recognition of care work and redistribution for it. In the governance perspective, as explained above, the role of the political is different. Somewhat paradoxically then, Walters (2012, 55, 74-76) points out how the governmentality literature is quite weak in political studies, and no clear arguments on the relationship between governmentality and politics have been made. Drawing from Howarth, I would claim that the connection to politics here has to do with the discursive struggle that takes place over what is governed and how. Governance is always characterized by particular logics and ideals, and especially when we discuss governance of and by the state, a level of hegemony must be secured to execute particular schemes and programmes. Here, then, when it comes to care, the political struggle over meaning is over issues such as how care is understood and best governed, and it is about the clashing of different rationalities and logics of the hegemonic governance and care (Hoppania and Vaittinen 2015; cf. Mol

2008; Waerness 1984; Keränen 1987). This kind of political research on care governance is thus far scant, and the framework of governmentality is not used explicitly.<sup>17</sup> However, some recent feminist analyses of the contemporary economic crisis and its connections to inequality embedded in neoliberalism are still promising. For example, Diane Perrons (2013) highlights the connections between economic and social processes and how they feed the crisis; here, bringing to light the underlying gendered norms and divisions (or unequal care relations, one might say), is crucial (Cf. Fraser 2011).

Some studies do point towards the contradictions between care and the predominant logics of governance, without necessarily using concepts such as logic or rationality of care. Nevertheless, they make similar observations and points, albeit sometimes only in passing. Smith for example notes that elder care contributes to work-family tensions not only due to insufficiencies in formal care, but also because it involves activities that do not lend themselves to outsourcing (Smith 2004, 379). Hirvonen and Husso argue that in formal care work the predominant economic-administrative way to demarcate time is in contradiction with the relational-procedural concept of time peculiar to care (Hirvonen and Husso 2012).

In the framework of macro-economics, Himmelweit (2007, 585) explains how the relational nature of care has the inherent effect of raising the opportunity costs of care, as the time that care requires cannot fall in the same way as happens with innovations and competition in many other industries. Kathleen Lynch et al. (2012) discuss care in relation to neoliberal measurement systems in education:

[C]aring is not open to measurement in terms of quality, substance and form within a metric measurement system. [Even if caring could be monitored and measured through matrices] the very doing of this would undermine the very principle of relatedness and mutuality that is at the heart of human solidarity. What is at issue here is a conflict of values regarding the governance and purposes of education, and the role of relational human beings within this process.

(Lynch et al. 2012, 199)

Echoing Tronto's arguments about gendered moral boundaries, Lynch et al. also point out the hidden assumptions about care when senior posts are filled in education: it is assumed that primary care will always happen but that it will be kept private and that it will not encroach on the world of senior management. Here the principled equality between men and women in the work place is exposed as relying on the obscuring of care responsibilities.

---

<sup>17</sup> There are some studies which explicitly discuss governmentality and health care (for example Ferlie et al. 2012; O'Byrne and Holmes 2009), but in political care research (in reference to the elderly, or in general), to my knowledge there are no studies explicitly framed in terms of governmentality except my work with Vaittinen (Hoppania and Vaittinen 2015).



The same holds for citizenship more widely, one might add. For example, actively partaking in public decision-making and politics, in the traditional sense, assumes a citizen who is (largely) free from the demands of care. Considered in terms of care, male dominance in many fields then is not a question about direct or indirect discrimination, but rather ‘the normative order regulates [the way appointments are made] silently through the gendered doxas of care’ (Lynch et al. 2012, 200). Similarly, Perrons has noted that the culture of long working hours, in the context of a society with a social deficit in child and elder care provision, often forces a (gendered) ‘choice between jobs with career possibilities and those that can be combined with caring’ (Perrons 2003, 71). Again, there is the persistent cutting off of the world of care from the rest of the society, or an attempt to keep it silent and out of sight, while at the same time relying on the positive spillovers and externalities that caring produces (Folbre 2001, 50; Lynch and Walsh 2009; Perrons 2003).

More directly related to institutional elderly care, Canadian researcher Albert Banerjee has studied care in the Canadian context, where long-term residential care has been highly regulated and yet problems persist. He argues that a ‘vicious cycle of regulatory failure’ leads to ever more detailed regulation, making it difficult to provide good care. This is due to an inherent tension between regulation which relies on rules, standardization, quantification and documentation, and the relational, holistic, person-centered orientation of care with its psychological, emotional and spiritual dimensions. Referring to the work of Tarman, he notes that (in Ontario) the problem of poor quality care has been framed primarily in terms of insufficient monitoring, which has directed attention away from political questions of resources, ownership and the tensions between profit motive and care (Banerjee 2013). Pat Armstrong, likewise discussing the Canadian situation, observes that the demand for more regulation has been created by marketization, which has in turn also been supported by some forms of regulation. Pointing to a growing body of evidence, he argues that for-profit facilities (especially international chains) provide the most inferior care and working conditions (Armstrong 2013, 224-225). It seems, then, that marketisation and regulation of care are becoming a central locus both in care research and policy.

The trends of increasing marketization of care indicate that caring carries substantial material and economic weight, and indeed, it has in recent years become an attractive object for capitalist expansion (Federici 2013; Meagher and Szebehely 2013). As Vaittinen and I have observed previously, this expansion requires that care is understood in terms of transactions and treated as a commodity, so that it can be exchanged in the market (Hoppania

and Vaittinen 2015).<sup>18</sup> And yet, as the logic of care, and the unpredictability that comes with our embodied corporeality, make evident, this is where conflicts abound. To be sure, the marketization of care can also be desirable and emancipatory in some ways, in the sense that it makes care work visible, gives it a price (and therefore, in our market-saturated society, value), and thus recognizes and gives status to care-givers, at least to some extent. But the market-oriented approach also loses sight of important elements of care relations that cannot be commodified, but which are an integral constituent of human life. As I argue with Vaittinen, commodification is a central logic in the politics of care today, and part and parcel of the wider context of neoliberal governmentality. However, significant ruptures and conflicts arise from the attempts to govern care with the (implicit) goal of subsuming care within the logic of the market. We claim that, in fact, a central site of ‘the political’ in the present day political economy emerges through this struggle, in which care resists its governance (Hoppania and Vaittinen 2015).

This is what Tronto misses when she exposes the discursive historical shifts that pushed ethics of care into the private realm but then does not look at what exactly is happening to care today after its history of discursive disregard and subjugation. With a focus on moral theory, Tronto fails to consider care in today’s political-economic context, where care deficits, (or ‘the crisis of reproduction’ as Fraser [2011] puts it), threaten the maintenance of the social order and an adequate supply of care, and the way our systems of governance respond to these threats. The boundaries of care are again being transformed. And to account for these transformations political analysis needs to recognise the specificity of care as it emerges as an object of governance. This is what I try to do in this research, examining the specific case of Finnish elder care. I consider what is at stake in the transformations and discursive struggles that develop when care is being turned into an object of governance.

## **2.5 Conclusion: governance of care as politics**

[If] the problems of governmentality and the techniques of government have really become the only political stake and the only real space of political struggle and contestation...

(Foucault 2007, 109)

---

<sup>18</sup> In contrast to the focus on regulation in Banerjee and Armstrong, Vaittinen and I emphasize the primacy of the economic logic of the market, or ‘the competition society’ as Foucault describes neoliberal society, and its role in turning care into a central site of the political in present day society.

The different conceptualizations of care – as work, as an ethic, as a corporeal relation with a logic of its own – point to the multidimensional nature of the concept. While no clear political strand of care research exists, I suggest that the potential for this resides in the articulations of the global corporeal relations and logic of care, and in the situating and examination of these in the relation to governance. This is because the logic of care in fact emerges as potentially disruptive only when up against certain other logics that increasing governance brings with it. Of course, the most recent research into care builds on the ethics of care and social reproduction literatures, where many of the current themes are already present in some form. Likewise, adding the level of governance to the analysis of the politics of care does not mean disregarding more traditionally understood political struggles, for instance for (better) remuneration of care work, which care research has examined. But when at issue is the political nature of elder care policy, in a context of few conflicting claims for recognition and redistribution, understanding and examining the seemingly ‘apolitical’ governance as a site of political struggle is pivotal. In Fraser’s terms the focus moves toward the dimension of representation.

On the level of theory, care research maintains and emphasizes the relationality and interdependency of people, and the absolute necessity of care for the sustenance and survival of individuals, communities, political economy and the species. However, the application of this fact to empirical research seems not to translate very well, nor is it easily reconciled with mainstream political studies. Care is constantly misrecognised, underfunded, ignored. The work of care is the invisible purview of those least advantaged in society (in practice poor, often racialised women). I would claim that this is where we need political analysis of the discourses that manage to do just that, that manage to frame and represent care issues in such a way that they are left under- or unattended over and over again. And today this does not mean, as with classical political theory, that care is simply naturalized and pushed to the private sphere, and women’s job to deal with. Rather, it is part and parcel of expanding governance, of ideology that turns and transforms society and human relations into capitalist life forms, into enterprise society and consumer-producer relations. This is a hegemonic discourse that emphasizes processes and seems to only advance market rationality, and if that does not work adequately, and is challenged by competing discourses, then aims to fix what is wrong with increased regulation (cf. Armstrong 2013).

Care in this context only needs to be managed adequately, it seems; its problems are a question of better administration, of regulation and governance. Yet if you combine the insight that care theorizing offers into the necessity of care, into the relationality, embodiment and materiality of care relations, with the empirical analysis of what is actually happening in the world of care (which is now a central field of governance), then care practices, the logic of care, the experience of care relations, emerge as a

counter discourse to the hegemonic discourse which attempts to subsume it (see ch. 5). This project tries to show how this kind of development unravels. It does so through the case study of Finnish elder care policy. The elucidation of the many dimensions of care in this chapter stresses the fact that governing care entails transforming or reproducing some of the most engrained, gendered organizing principles of society. Therefore, legislating for elder care services is not like any policy process; the substance matter itself means that some of our deep-seated social structures are at stake.

Care relations form a necessary life-sustaining web (Tronto 1993, 103) that holds up the entire society, or to put it more radically, all human existence. In Finland, as in many countries today, this web is now threatened, allegedly because of the worsening dependency ratio, but perhaps more accurately because of the wider cultural-economic changes in production structures, family life and gender relations that even the welfare state have not managed to organize in such a way that adequate care is secured equally. (That is not to say that any previous historical regime would have done this any better.) Attempts to govern care are today increasingly characterized by neoliberal trends, as we will see in the next chapter, but the processes of governance are not a smooth development. They emerge through discursive struggles for the hegemonic understanding of what care is about – so that it can be governed. And this struggle is at the core of politics of care.

‘To govern’, Foucault wrote, ‘is to structure the possible field of action of others’ (Foucault 1982, 790). We must, then, explore how the governance of care evolves in the case of Finnish elder care legislation. This standpoint both enables and requires understanding the politics of care in terms of questions such as: How is power exercised in elder care? How, and by which agents, is the hegemonic discourse about (elder) care formed and maintained, and what are its central elements? Here, defining care once and for all is not a prerequisite, as defining care is part of the discursive struggle that is under scrutiny. When the object of study is a political process, that is, policy and legislation that aims to govern elder care, what must be uncovered is what is at stake in (the attempts of) its governance, how in the process care is represented and defined, and how this representation and definition of care, its problems and their professed solutions to those problems, are a site of discursive struggle.

### 3 ELDERLY CARE IN FINLAND

Those who cannot obtain the means necessary for a life of dignity have the right to receive indispensable subsistence and care. Everyone shall be guaranteed by an Act the right to basic subsistence in the event of unemployment, illness, and disability and during old age as well as at the birth of a child or the loss of a provider. The public authorities shall guarantee for everyone, as provided in more detail by an Act, adequate social, health and medical services and promote the health of the population.

(The Constitution of Finland, section 19)

#### 3.1 Introduction

Elder care policy in Finland today is characterised by an attempt to dismantle institutional care and emphasize and strengthen home care and living in service housing. The now waning institutionalism of care policy is connected to the universalising ethos and building of the institutions of the welfare state in the post-war decades. This turn toward a more individualistic and market based model of social services was taken in the 1990s. This chapter aims to put the care research at hand into its historical context. How has social policy concerning elder care developed and how did it unfold over the years? How and why have we ended up in the current situation? As this chapter shows, elder care, or the position of the elderly in society more widely, has at different moments of history been a specific cause for worry in Finland. Still, the care of the elderly has mostly not been treated as a separate issue; it has been a part of wider social policies.

Drawing from previous research, I begin by taking a brief look at the early history of welfare state developments in Finland, focusing on the changing constellations of care relations and elderly care from the late 19<sup>th</sup> century to the early 20<sup>th</sup> century. This period, I explain, is crucial for the creation of institutional care services. I will show how care (work) has long been the field of women and re-created and discursively produced as such when new care institutions and social policy were built over a hundred years ago. The chapter then shifts its focus to the 1950-1960s, arguably a key era for the development of the welfare state and social services as we know them today. This section emphasizes the political struggles that were fought during the breakthrough of the welfare state and the formation of a new social democratic/welfare state hegemony. Finally, the bulk of the chapter deals with changes which have taken place since the beginning of the 1990s. A deep recession in the beginning of the decade and joining the EU in 1995 were significant turning points for care services and the welfare state more widely. I'll take a look at the political roots, causes and consequences of this

so called neoliberal turn, and finally draw a sketch of the (again transforming) elder care field today, the context in which the elder care bill was drawn up. I also consider how the current tendencies and trends in elder care in some ways resemble the situation over a hundred years ago. In this historical light the welfare state period characterised by the ideals of universalism seems rather exceptional in the precarious world of care.

### **3.2 Early developments: from slave markets to poorhouses**

Every good woman has a mother's qualities. She has an urge to help, serve and sacrifice herself for others. She does not tolerate brutish or immoral deeds around her. Her conscience is sensitive to judge what is right and what is wrong before God and people. We are convinced that *society* needs just these characteristics.

(Opinion piece in magazine *Koti ja Yhteiskunta* [Home and Society], 1905, quoted in Annola 2011, 70, emphasis added, my translation) <sup>19</sup>

The social changes and changing political relations at the turn of the 20th century, and the specific constellations of the emerging Finnish nation-state, influenced the building of the early social and health care institutions. To get a glimpse on how those institutions came to be, and how early 'poorhouse management' and 'social motherhood' emerged in Finland I draw from previous research (for example Rintala 2003; Satka 1995; Sulkunen 1987), especially Johanna Annola (2011).<sup>20</sup> Annola traces the creation and formation of the profession of female managers of poor relief institutions and paints an interesting picture of the early developments of institutional care services and social work as profession. This history is also the history of elderly care, which was originally developed and institutionalized as part of social services, not as a specific field.<sup>21</sup> Indeed, my aim here is to situate elderly care in its wider historical context, and show how it emerges as a social issue and problem field for governance, which constitutes a political process in itself.

Before Finland gained independence in 1917, it was for over 100 years under Russian rule, but as an autonomous Grand Duchy.<sup>22</sup> Largely

---

<sup>19</sup> All translations in this dissertation from sources and data originally in Finnish are mine, unless otherwise stated.

<sup>20</sup> Annola's book which is referred to below is a PhD dissertation written in Finnish. All following quotes from it are translated by me, except the English title of the book which is given by Annola.

<sup>21</sup> Consequently, academic studies focusing specifically on the history of elder care in Finland are few. Studies by Rintala (2003), and Oittinen and Pitkänen (1991) represent this kind of research. The former focuses on the changing representations of the elderly in the social and health care system, and on medicalization; the latter is an edited volume consisting of case studies of the history of old age. I draw from these studies as appropriate.

<sup>22</sup> From the late 12th century until 1809, Finland was part of Sweden.

agricultural and poor, its social structure and care relations were based on interdependent kinship networks, large families, and village communities. Industrialisation first started in the 18th century with a very small ironworks industry and then with a somewhat larger saw mill industry in the 19th century. More extensive industrialisation and urbanisation only took place after WWII, especially in the 1960s - 1970s. For a long time, the responsibility for dependants was with families, and children worked from an early age. The elderly, too, worked as long as they could. In the 18th and 19th centuries the allotment system (*ruotujakolaitos*) was used in large parts of the country to organise poor relief for those who did not have family to take care of them. It meant that ruotu, a group of two to six households, was made responsible for given dependants. It was the responsibility of the church parishes to arrange the care of the most vulnerable, until municipal statutes given in the latter part of the 19th century placed the responsibility of organising poor relief on municipalities (Pulma 1994). Overall the role of the church at least until the 19th century was very significant in the maintenance of the hierarchical social relations in society based on estates of the realm. The doctrine of 'Three Estates' which the church promoted included instructions about the responsibilities of family members and different groups of society toward each other.<sup>23</sup> Taina Rintala sees the 1852 Poor Relief Decree as the first vague attempt by the government to define different forms of ageing and their consequences, as the elderly were classified into groups based on their need for help and ability to work (Rintala 2003, 65). Combined with the laws concerning vagrancy and forced labour, this was a paternalistic social order. The poor law however, was an object of criticism for economic liberalists who claimed that the definition of those in need of help was defined too loosely; permissive help for the poor would only lead to laziness and passivity. Consequently, the new Act of 1879 was stricter in its definition of those entitled for help, and the help from the municipality was not anymore defined as a right. The responsibility of the nuclear family for dependents was also emphasized. Regulations concerning poor relief were of course intertwined with concurrent economic and political-ideological currents, and during the same time other reforms were also passed: freedom of trade and free movement of labour. According to the liberals, these measures gave everyone who is fit for work, a possibility to earn a living (Tuori 2005).

Society at the time was largely based on the self-sufficiency economy that was only slowly being eroded by the transformations which led to increasing division of labour and the emergence of a money economy. In any case, by the late 19<sup>th</sup> century, poor relief had clearly become a public, administrative and economic matter handled by the municipalities (Satka 1995, 20). New forms of social care were introduced alongside, and eventually to replace, the

---

<sup>23</sup> For the early history of social security and care in Finland, see Pulma (1994) and Anttonen and Sipilä (2000).

allotment system. However, in practice, care and support arrangements remained localized and varied for a long time, and municipalities here and there continued their local traditions, resisting the implementation of the national laws (*ibid*). In elderly care the period of municipal poor relief (1852-1923) was, according to Rintala, a time of transition from a system based on outpatient care to an emphasis on institutional care (Rintala 2003, 81). However, before the institution of the poorhouse became prevalent, the pauper system (*huutolaisuus*) was another way to arrange the care of the elderly, alongside the use of the allotment system. When the latter was largely abandoned, the pauper system still remained a common arrangement in the 19th century, and it was practiced well into the early 20th century, even when it was already unlawful (Annola 2011, 39). Unlike the allotment system, *huutolaisuus* was a system based on voluntariness. It basically meant that orphan children, the elderly and other dependants with no family to care for them, were sold in a reverse auction. Whoever was willing to have them for the least money, took them under their roof. The carer would typically take the dependant for the money paid, and for the labour power that the dependant would possibly bring to the household. These 'pauper auctions' were especially prevalent in the 1870s and 1880s. According to Panu Pulma the imperial letter of 1849 made possible and accentuated the economic aspect of taking care of dependants outside one's own family, and led to the pauper auctions (Pulma and Turpeinen 1987, 31-34; Pulma 1994). However, by the 1880s public criticism emerged of their offensiveness to human dignity, and common opinion turned against them.<sup>24</sup> The emerging institutional poor relief system was thus built overlapping the old, somewhat varied practices and attitudes which were slow to disappear.

A 1918 report of the committee on poor relief tells of the attitudes of the time. People were expected to get by without resorting to the help of society. If assistance was needed and given, it had the character of a loan, and it was based on means testing. The main responsibility for the old, sick and disabled was with the family and relatives. Thus, the role of the state was smaller, and the state and municipalities were not seen as guarantors of social security.<sup>25</sup> Receiving financial aid from the state was considered

---

<sup>24</sup> For example Juhani Aho's story 'Orjamarkkinat' ['Slavemarket'] 1886, criticised these practices.

<sup>25</sup> However, these more private arrangements of support were also sometimes a realm of conflicts, some of which were even sorted out in the courts: Ismo Häkkinen shows how the mistreatment of the elderly was related to the system of *syytinki*, the life annuity system that was practiced among landowning peasants. It meant that the farm owner and his wife handed over their farm, usually to their eldest son, in return for an agreed annuity (often a written contract) which included free lodging, food, and other rights, for the rest of the old couple's life. Reflecting on the contradictions between the elderly and their children that these pension relations produced (in a culture where hierarchy based on age was a respected principle), Häkkinen quotes a saying from the Ostrobothnia area which refers scornfully to the *syytinkiläinen*, that is, the person living on the life annuity, as 'staying alive out of spite' (*syytinkiläinen elää kiusallaankin*) (Häkkinen 1991).



humiliating and stigmatizing (Uljas 2012, 93; see also Satka 1994). Ending up in a poorhouse was also stigmatized, it meant one was abandoned. This stigma remained long after the poorhouses were turned into institutions specifically for the elderly, and their name changed to 'municipal homes', *kunnalliskoti* (Annola 2011, 227). Annola describes the setting up of poorhouses in the late 19<sup>th</sup> century as a new solution to the social issues of the time. All dependants from the destitute to disabled and mentally ill, to elderly and unmarried mothers, were put in the new poorhouses. The professionalization of the field and in particular the job of the poorhouse manager was discursively produced as gendered, women's work, an embodiment of the ideology of social motherhood (see below). The moral discourses of deserving and undeserving poor were manifested in the laws of the time. The Poor Law of 1879 set two tasks for the municipalities: they would have to take care of those poor who are unfit for work, but also set up disciplinary workhouses for those poor people who turned to poor relief for assistance, but were able to work. The resulting poorhouses were meant for both groups. The poorhouse became a monument to the ideology of poor relief during the era. For the authorities and governing elites of the time, institutional care was the solution of choice to social problems. It was represented as a cheap and practical solution. Strict discipline would keep away those not really entitled to support. The bureaucrats also wanted to prevent polemicizing of the question on public forums, to avoid the eruption of problems of the working class and landless people (Annola 2011, 37-38).

A persevering dimension characteristic of Finnish social policy was already in evidence by the late 19<sup>th</sup> century, namely the friction between the state and the municipalities; the state began seeking, by means of orders and subsidies, to harmonise and rationalize municipal welfare services (Rauhala 2001). In fact, as Annola shows, the state effectively started to advocate and fight the case of the poor, often against the municipalities (Annola 2011, 45). A bureaucrat and state inspector of poor relief by the name of Helsingius was a particularly tireless and significant ideologue and an important figure in the building of the poorhouses, defining their role and administrative structures. He saw that the municipalities were often neglectful in these matters, and wanted more authority to put them in order. But the Senate was not as ready for forceful implementation of the new system, and wanted to avoid the politicisation of the poor relief discussion. Nonetheless, a discourse on poor relief took shape latest during the 1890s. The written works of inspector Helsingius gained almost a constitutional status within the discourse, bringing coherence to it and defining its concepts (Annola 2011, 49, *passim*; see also Satka 1995). The inspector thought that poorhouse management was a particularly fitting job for a woman. He justified this position by arguing that as most of the inmates of the poorhouses were sick and elderly, they required first and foremost motherly care, not forced labour. The position of the elderly was particularly highlighted, and attention

was paid to the varying age structures in towns and in the countryside. (Ibid. 51)

Here we see already how elder care is turning into a worry for state government and is approached in terms of population management. Helsingius' vision was also in many ways in contradiction with the old attitudes and practices that were still prevalent and did not suddenly just disappear. Annola gives an example of how the municipalities sometimes functioned: 'In one parish it was decided that the position of the manager of the poorhouse would be fulfilled using the method of auction. Whoever demanded least pay would get the post' (Annola 2011, 67). Inspector Helsingius found this outrageous (ibid.).

Nevertheless, the ideology that Helsingius promoted was quite successful. The number of poorhouses managed by women increased considerably around the turn of the century. The position of a manager of a poorhouse acquired a more structured and definite shape, and it was increasingly perceived as a profession suitable particularly for women, as the tasks involved had largely to do with housekeeping and caring for the weak. The requirements and ideals of a directress required the woman to be competent but modest and to keep the wishes for a salary moderate (Annola 2011, 67-69).

The ushering and drifting of women to poor relief was not an isolated phenomenon. It was part and parcel of the major societal changes of the late 19th century, which had a clear gendered dimension and formed the backdrop to the creation of the poorhouses. Middle-class women started increasingly to seek paid employment, and the bounds of the women's domain were redefined. Emancipatory feminists were an active elite in these developments. The traditional role of woman as mother and educator was extended to the public sphere, whereby the whole society was seen as one big home. Thus the institution of social motherhood was born (Annola 2011, 70, *passim*; Sulkunen 1987). It is noteworthy that women were not, and were not perceived to be, a homogeneous group. The social system with its gender regime was hierarchical, reflecting the class relations of the time. The role of the common woman, according to the ideology of the elite, was to take as given the ideals and roles handed to her from above, and take charge of the morality of her family. The reality of the lower class did not quite fulfil this picture. Instead, working class women were politically active in working class movements, and also had their own women's organizations.<sup>26</sup> At stake in these developments were the negotiations over the first modern gender contract (Rantalaiho 1994), which maintained and reproduced sexual difference, and its institutionalisation into Finnish society. Irma Sulkunen (1987) conceptualizes these developments as the birth of bipartite/split

---

<sup>26</sup> Originally the women's movement of the gentry worked in cooperation with the women of the working class, but as the working class turned more clearly toward socialism, this relationship became weaker and colder.

citizenship. Before this period gender difference mostly meant the practical division of labour in the agrarian society. The new gender division, advanced by the gentility, was based on the old norms, but it was stricter, more expansive and rigid. Along with the expansion of political rights, the ideas of civic citizenship were developed, but they came with gendered notions whereby women's role and identity was tied to maternal ideals, as the concept of social motherhood denotes. Women's caring role was thus emphasized not only in relation to the poorhouses, but in society and politics more widely (Annola 2011, 71-72; Satka 1995, 41; Sulkunen 1987).

Economic factors too, played a crucial role in these developments. In the sexed social hierarchy, manliness or masculinity was more highly valued than femininity. Likewise men's wages were higher. Men also needed higher wages to support their families, it was argued. In practice of course, sometimes single women too had dependants. As the ideology promoted by inspector Helsingius and others held, women's work in the poorhouse was an extension of her motherly calling, a vocation, hence there was no need to, and in fact it was not appropriate, to pay her too much. This demand of a calling, vocation, mission, was similar to that expected of a deaconess (Annola 2011, 72,144). Reflecting the multi-faceted role of the poorhouse directress, the title of Annola's thesis is aptly 'Mother, Matron, Civil Servant, Guardian' ('Äiti, emäntä, virkanainen, vartija'). These four interconnected sub-roles reflect the conceptions of gender and class at the time (ibid, 250). The ideal poorhouse directress was a motherly mentor, mature authority, and an enlightened matron, who brings light to the parish. In this context Annola also refers to the concept of caring power, as developed by van Drenth and de Haan (1999), which I touched upon in the previous chapter. It serves to point out that mature authoritarianism and tender care were and are not always easy to separate. In a Foucauldian sense, it is a question of governance with kindness (Annola 2011, 179-180, 200). Rintala (2003) too notes that in elder care, social support and control are difficult to differentiate. She also argues that the closer we get to the present day, the more clearly the aspect of social control comes up in elder care regulations and policy documents.

Another development among the middle and upper classes was the emergence of the shepherding discourse, which aimed at rational organization of poor relief, and included developing systems to evaluate paupers' ability to work. Characterised by philanthropic thought, it led to the development of voluntary poor relief work. Investigating the life of the poor, giving advice and in other ways 'shepherding' the poor and reporting on the relief receivers' status and state of needs to the municipal board, was the work of these voluntary assistants. Alongside the women's associations, they formed another group of civil activists, influential partners of public authorities in poor relief. Likewise, their emergence was connected to the building of the nation state, as they were connected to nationalist ideology and the Fennomania movement (Satka 1995, 41, 44-48). Social policy and the

guidance and education of the poor to become decent citizens was thus intimately bound up with the emergence and building of the Finnish nation-state.

Around the turn of the 20th century few professions were suitable and available for women, especially in the countryside. This gave some impetus for women to strive for the poorhouse directress position (Annola 2011, 135). Young, cultured women, preferably from among the educated classes, were especially sought for the job. Hence the profession was built specifically as one for the middle-class, and middle-class women were wanted to perform this particular role. The reality however did not always follow the ideal. Propaganda was needed to entice the right kind of women to take up the profession, and for example a prominent author was commissioned to write an appeal on the issue.<sup>27</sup>

The poorhouses were created to be not only feeding and caring stations, but institutions aiming for civic education (Annola 2011, 75-79). The municipalities largely chose to go along with the new system, partly because they had a genuine will to get a functional poor relief system, Annola reckons, but certainly also in search for opportunities to save money. A directress was often paid less than a manager. However, according to inspector Helsingius, and in line with the gendered division of labour, in bigger poorhouses in towns it was considered that a male manager was more fitting: Managing a bigger house, which is unlike a home where the skills of a matron are sufficient, was deemed more demanding. A bigger poorhouse was a complex institution, more like hospital or prison, the management of which suited the masculine domain (*ibid*, 84-86).

Nevertheless, men's chances to work in poorhouse management diminished by the 1920s when a special course, open only to women, became a compulsory qualification for the profession (*ibid*, 124). Furthermore, the role of the directress as an educator became more important after the civil war of 1918.<sup>28</sup> From the point of view of the authorities, the revolt of the proletariat/common people showed that the goal of educating the poor to be obedient citizens had failed. Thus more should be invested in education, to prevent further riots and unrest (*Ibid*, 120).

---

<sup>27</sup> With high-flown words about how woman is meant for love and compassion, women were asked to take their places in municipal poor relief, which, having been in men's hands, had been a long series of mistakes. Religion played a vital role here, and woman figured in the text as tender-hearted and highly moral beings, for whom care was not work, but upon whom 'the mission of carer and pedagogue fell as a result of the divine order' (Annola 2011, 78).

<sup>28</sup> The Finnish civil war was fought in 1918 when the 'Reds' (that is, forces of the left labour movement/the Social Democrats) rose against the governing capitalist/ non-socialists, the 'Whites', who eventually won the war. The war was part of the transformations caused by World War I and concerned the political direction, control and leadership of Finland during its transition from a Russian Grand Duchy to an independent state.

For the directresses themselves, Annola explains, economic factors were a pivotal motive in their decision to take up this work, whereas the ideology promoted by officials and ideologues presented wages as a secondary matter. The directresses were active agents in their working lives, as they for instance moved around for better positions and started to unionize and organise for better working conditions, despite the demands of altruism and attitudes that saw career building, strategic moves and personal ambition in women as recklessness. This conflict between wages and calling is an example of a conflict connected to the gender contract and the development of the labour market in a more individualizing direction, which motivated and directed women to develop and exploit their individual skills and abilities. Tensions formed as there was a need to reconcile this individualism with (gendered) ethical duties and social bonds (Annola 2011, 146-148). Then again, professional and vocational organization signified a movement from individual agreements concerning work toward collective bargaining.

The emerging governance structures reflected the social hierarchies between the elites and the people. The city bureaucrats came to country villages to manage problems, and instruct in matters concerning the poorhouses. According to Annola, '[p]oor relief inspection and consulting should be seen as one of the processes through which the class based thinking of modern society emerged alongside, and gradually took the place of the estate-based thinking inherited from the agrarian period' (Annola 2011, 215). Thus at stake was also the bureaucratization of society. The poorhouse directress often came from outside the parish, and as an outsider bolstered the bureaucratic power of the state in the municipalities. S/he was part of the increasing state intervention in spheres that were earlier managed locally, in other words, part of the 'formation of the machinery of the social security state' (ibid). The directresses were both subject to monitoring by the bureaucracy, and themselves a weapon of the state bureaucracy against the more or less arbitrary, custom-based practices of the municipalities (ibid).

The Poor Relief Act of 1922 changed the situation of the poorhouses somewhat. The authorities came to the conclusion that caring and disciplining could not be done in the same place without damaging results. It was a breakaway from the liberal, totalitarian poorhouse and discipline policy of the late 19<sup>th</sup> century as Mirja Satka (1994, 274) argues. There would no more be just one common institution for all dependents. Different departments would be needed for different groups such as children, the mentally ill, etcetera. The original poorhouses were reserved mainly for the elderly. Instead of education, work with the aged became the new focus of the old poorhouses, now called municipal homes (Annola 2011, 248). From the 1920s onwards social security systems were slowly developed, and in 1937 the national social insurance institution (Kela) was founded to handle retirement pay. Rintala argues that the law concerning pensions was significant in constructing the elderly population as a group based on chronological age; 65 years became the official limit by which old age was

separated from adulthood, and effectively, pensioners were created (Rintala 2003, 85-87). Examining the period of 1923-1957, Rintala shows how increasing research and knowledge concerning the elderly diversified the image of old people and their needs, and how psychological, personal and social factors related to the elderly were for the first time discussed in policy documents. The objectives of elder care policy developed too, and the idea of prevention (through promotion of independency) emerged, to keep the need of help from escalating and costs down (Ibid. 101).

This brief account of the early stages of the social welfare institutions in Finland, highlighting the developments of the elder care system, shows how multifaceted the project of constructing the (institutional) care policy was. It should be noted as well that this process had from the beginning international influences too. Inspector Helsingius had taken influences from abroad, particularly Sweden, and the ideals of shepherding came from Germany (Satka 1995, 30-31, 44-45). Also, the socialist movements and labour unions of the time were part of an international wave of workers organizing for their class interest, understood increasingly in Marxist terms. Similarly, the ideas of women as natural carers and women's important role as educators were by no means a Finnish phenomenon. Overall, the combination of international influences, Finland's geographical location between Russia/Soviet Union and Scandinavia, and the historical developments of building the Finnish nation-state, resulted in an idiosyncratic constellation of the emerging social policy. This period can thus be seen as the first time the government (in its wide Foucauldian meaning) of elder care and care relations more widely and on the state level begins. Elder care is now a social and political issue in its own right, a problem field and something to be governed and managed by the state. And along with this management of care relations, new (gendered) care subjects and objects were formed, be they (care) managers and directresses, or recipients of care in different categories of deserving and undeserving, elderly, mentally ill etcetera.

### **3.3 Political struggles for social rights: the building of the welfare state**

Social policy, as a matter of principle and practical pursuit, should be put in order in our country.

(Kuusi 1964, 41)

The creation of the first institutional social services from the late 19th century onwards was connected to the ideals of social motherhood, and to the building of the Finnish nation-state. The early period was still characterised by stigmatization of those who relied for their subsistence on these institutions of social security, which overall remained very small well

into the 20th century. In fact, Päivi Uljas has argued that the most critical period for the building of the welfare state was the period from 1950-1962. Uljas quotes some telling figures: The proportion of GDP of state social expenditure was under one percent in the 1930s, 11 percent in the 1960s and 36 percent in 1992 (Uljas 2012, 153).

Finland of the late 1950s saw the prevailing system based on small scale farming eroding. The vitality of the former semi self-sufficient, semi-proletarian and labour-intensive form of production started to wane. Industrialisation and a money economy took the place of a subsistence economy, urbanisation escalated and adult children had increasing difficulties with their duty to support their aging parents, and the unemployment security system too was insufficient. The traditional care relations and subsistence networks were broken (Uljas 2012; Urponen 1994, 229, 240). This was an unusually rapid and powerful structural and social change, and it triggered a political ferment. A hegemonic struggle, Uljas claims, took place: the battle was waged in particular over whether a welfare state and social security systems should be built or whether to revert to the old night watchman state, that is, minimal state intervention. The Finnish social insurance systems developed in the midst of a change in the structure of production and way of life. Struggles over different notions and aspirations considering the economy, the state and the distribution of national income were fought between and among the old elites and citizens' movements. Uljas emphasizes the political and conflict-laden nature of the transformation of post WW2 Finland from a poor developing country into an industrialized, prosperous society with an extensive welfare state. She argues that civic movements, working class people and labour unions, together with the left-majority parliament in 1958-62, were significant factors in the creation of the welfare state (Uljas 2012). In Marxist terms, this could be described as a class conflict and eventually a compromise between capital and labour. Trade unions and employers' interest groups in particular have been significant actors the Finnish political system, which consequently is characterised as somewhat corporatist<sup>29</sup>.

One significant event in the turn of the tide toward expanding the welfare state was a report written by civil servant and researcher Pekka Kuusi in 1961. The political situation in 1956-1957 was critical and economists suspected that welfare policy had already exceeded the resources of the national economy. Kuusi was given the task of thinking about the ways in which social expenditure could be reduced. But somewhat swerving the task,

---

<sup>29</sup> Corporatism refers to organised interests, such as labour, industry and farmers being central actors in policymaking. Although corporatism has not been as strong in Finland as in the other Nordic countries, many economic and social policy matters, particularly wage agreements between trade unions and employers' associations, are typically handled in a corporatist fashion. It also reflects the general consensual character of politics, as decision making in other policy sectors is also broadly inclusive and based on consultation of interest groups (Raunio 2004, 147).

Kuusi instead came up with a successful proposal to expand social policy through an idea of a circle of good, where social policy and economic growth were tied together. Whilst growth itself was a necessary precondition for expanding social policy, it also diminished pressures for equalization. The social welfare measures on the other hand improved education, training and incomes, and through this mobilisation of human resources, contributed to growth and stability. Kuusi also saw the social policy of his time as arising with and from the development of democracy. If social policy used to 'protect from above', evolving democratically in a society based on political equality but economic inequality, it now assumed the nature of income equalization practiced by the citizens themselves (Kuusi 1964, 29-32, 93-94). In a society characterized by growth and economic equalization, the most crucial question for social policy was then to ensure, organize and administer on a permanent basis the possibilities of consumption for the population groups who were outside 'productive forces', or whose means were limited (*ibid*, 94). Many of Kuusi's socio-economic ideas, which were largely based on Keynesianism, came to be very influential, although not all of his recommendations were followed (Julkunen 2006, 15; Urponen 1994, 232).<sup>30</sup>

Maintenance of pensioners was a big topic of discourse throughout the 1950s. The modest national pensions scheme was reformed in 1956, and Uljas estimates it to be the last big reform of the old self-sufficient production model. Still the pensions were not big enough for people to rely solely on them for subsistence. Elder care arrangements in the 1960s were varied. First of all, most elderly people still worked as long as they could, and many lived with their children or other relatives. It was still commonly held that citizens should themselves prepare (that is, save) for old age, and not rely on society to provide for them. Furthermore, grown-up children had a legal obligation to provide for their elderly parents until the 1970s (Gothóni 1991, 3; Uljas 2012: 97-99). Kuusi, too, discussed the question of old age in his famous report, alongside disability, as a significant distinctive factor was not age *per se*, but the loss of working ability. He granted that the nature of the problem is not about whether economic security must be provided to all citizens irrespective of their working ability, but rather how this should be done (Kuusi 1964, 194-196). The emerging, universalistic welfare state ideology shines through in Kuusi's thought, for instance when he compares different systems of organizing pensions: flat rate; based on past earnings, or based on means or income. Commenting on this last option, he writes how it would be an inexpensive and flexible system, but '[o]n the other hand, it has a tinge of poor relief about it and the application of means and income tests is likely to cause exasperation and envy' (*ibid*, 195). Whilst Kuusi discussed

---

<sup>30</sup> Kuusi's book has even recently been referred to in the media as a 'bible of the builders of the welfare state', and Kuusi himself named 'father of Finnish social policy'. The book was also published in English in 1964, and I quote here from the English edition, titled *Social Policy for the Sixties: A Plan for Finland*.



the question of pensions at length, he only briefly treated *care* of the aged as a specific issue. He proposed that institutionalization should be the last resort in social assistance, as people generally prefer to live in their own homes as long as possible, and care outside institutions is relatively easy to adapt to particular needs. Studies of different care alternatives, and their costs, should be conducted, Kuusi proposed. He also noted that possibilities for home care and semi-institutionalized residences had scarcely been exhausted in Finland (Ibid, 265-266).

The development of home aid and home care had in any case already begun in the third sector, which trained home aids and helped especially families with many children.<sup>31</sup> In 1950 a law concerning municipal home aids was passed and municipalities started to offer home help too. At first the work was targeted to poor families with many children, but it soon extended to elderly people as well. By the first half of the 1960s, approximately 40 percent of all home aid was given to the elderly, reflecting the magnitude of the needs of older people (Satka 1994, 323). In 1966 the act concerning municipal home help expanded the sector, and poverty was not anymore a prerequisite for aid. The universalizing ethos of the welfare state ideals started to show in law. During the 1960s onwards there were debates also over the concepts used in social policy, and it was demanded that old-fashioned terms and practices be replaced: forceful measures (against the will of those being helped) were criticized and the elements of control and the shameful association of social services with poor relief was challenged, so that people would be encouraged to use the social services offered to overcome their problems and crises (Urponen 1994, 240-241).

The role of voluntary work and associations was changing too: the large third sector which had emerged in the period before the war had been an important factor in helping destitute people. Now those who advocated for state-centred social policy considered the time of associations to be over. Others defended their role in taking care of tasks which remained outside the remit of the state, supplementing and showing way for public policies. The associations in any case lost much of their earlier position for almost a quarter of a century, until during the 1970s and early 1980s they were revived in the context of diminishing resources caused by the oil crisis. They were then integrated to be a part of official social policy, supplying complementary outsourced services (Urponen 1994, 229-230).

Many factors were thus at play during the years of the struggle that led to the building of the welfare state and turned the tide towards expanding social policy and services based on universalism. International influences were again important. Temmes estimates that 'without the Nordic examples, in particular Sweden, the welfare state would hardly have been achieved' in Finland (Temmes 2013, 221). To be sure, the beginning of the welfare state

---

<sup>31</sup> Home care refers to care services delivered to the home of the one in need. These services are today typically supplied by the municipalities, but also by private companies and NGOs.

period was not a total transformation in the care of the elderly, or social policy more widely. It was and is an ongoing process in which old conceptions and practices are mixed with new ideas and institutions. Throughout the building of social policy, as Julkunen for example emphasizes, the Nordic ethos has included an attempt to sustain and advance citizens' own responsibility for their welfare. The value of individual responsibility has remained strong (though not in its extreme form) along with the values of equality and solidarity (Julkunen 2006, 21-22). This is how Kuusi described the changing public sentiments of the early 1960s:

We all agree in principle that back in the 1920s, a poor man living in some backwoods village may not have been able to provide his children with what constitutes a good start in life. Today it seems natural that poor families with six children are entitled to some 1,000 marks a year in children's allowances; that if necessary, a man can receive social relief benefits or be employed on public highway constructions; and that the aged are provided with national pensions. Our sense of solidarity already approves all this. But should better-off families also have the right to children's [allowances], or should the state build a highway to every hamlet in Finland to maintain employment? Not all of us are prepared yet to answer these questions in the affirmative.

(Kuusi 1964, 31)

So the welfare state period has not meant a total change of policy or values from its historical predecessors. The state, or in practice municipalities which implement state social policy and legislation, have taken on a significant portion of care responsibilities, but this redistribution of resources for care has not meant a full or adequate recognition of the role of care in society. Nor has it happened simply due to the struggles of the people or some sort of goodwill of the government. The expansion of welfare state policy (in particular the care of children by the state) in the name of (gender) equality, for example, has largely been a function of what is termed by Foucault (2008) biopolitics: politics which operates directly on life, on populations and individuals. The declining birth rates since the post-WWII baby-boom years combined with the demand for women's labour in the market place has produced a myriad of policies aiming for a successful combination of family and work life. The reason behind these developments has thus not (only) been the recognition of the value of care (or freedom of women) as such. Improvements in the sharing of care responsibilities on the social level have always been intertwined with biopolitical developments of population management and driven in part by the needs of capitalist markets (Federici 2013; Repo 2011; Eräranta 2013).

The 1970s and early 1980s saw new ideas and attitudes toward the elderly emerge; the socialization of elderly care was seen as partly contributing to an inaccurate perception of old people as passive objects of care, victims of their own ageing. Consideration of the individual's possibilities for 'self-

actualization' and personal development came to the fore. Immediate family members' duty to support adult dependants (that is, adult children's duty toward their parents and grandparents) was removed from the law, and increasingly the primary place for care became the institution, instead of home. However, despite this publicly expressed and legal transfer of responsibility to the state, many people still kept caring for family members and loved ones in need at home (Valokivi and Zechner 2009, 126).

By the 1980s perceptions of the elderly were transforming into a conception of old people as creative, forward-looking and self-developing. This also meant that each new generation of pensioners was interpreted as being better educated, more active and better able to function. However, they were also seen as a more heterogeneous group, and those in risk of losing their ability to function became a cause for worry. All the factors that were known to reduce the ability to live independently and cause 'service needs' became objects of regulation, surveillance, monitoring and control. Prevention measures were characterized by activation and expanded to cover for example participation in social interaction. It is also quite telling that only from the 1970s onward government documents concerning elder care began to use the term 'service', contrasting with the concepts of help, assistance and care previously in use (Rintala 2003, 123-125, 28).

The 1970s also saw the first attempt at an act specifically concerning the care of the elderly. In 1973, a committee on elder care was set up to look into the need and possibilities for separate legislation concerning older people. The general principles of operation of social security policies at the time involved an ethos of service, aims for normality (for example in that elder care services should form part of normal service production), freedom of choice, confidentiality, prevention of further service needs, and promotion of self-direction (Komiteanmietintö 1974:1, 33-35; STM 2009b). These developments and changes in the discourse around elder care and social policy seem already to anticipate the so called neoliberal turn of the coming decades. Whilst still compatible with universalist ideals of empowering the individual (that is, ensuring s/he is not dependant on family support), the emerging emphasis on services and choice are key characteristics of what could be termed neoliberal social services.

### **3.4 Transformations of the 1990s: downturn of universalism – enter neoliberalism**

There will thus be a sort of complete superimposition of market mechanisms, indexed to competition, and governmental policy.

(Foucault 2008, 121)

Neoliberalism is a contested concept in social and political research. Its usages are sometimes vague and elusive, and it seems to be used mainly by

those who are critical of the neoliberal agenda. However, there is a huge amount of research which either develops and examines the concept theoretically or uses it in empirical studies (for example Brown 2003; 2006; Lynch et al. 2012). In any case, as a political rationality, neoliberalism has, as Hanne Marlene Dahl puts it, 'been a transnational discourse that has recently changed public organizational cultures and redrawn the boundaries between the private and the public in various ways' (Dahl 2012, 283).

David Harvey describes neoliberalism as a process that aims to bring all human activity into the sphere of markets.<sup>32</sup> It is an economic theory, but also a wider framework and ideology defined by strong private property rights, free markets and free trade. The role of the state is to guarantee this institutional framework, by means of legal and administrative governance and reform, and if necessary, the police and military. The state characterised as neoliberal, Harvey argues, reflects the interests of private property owners and financial capital. If there are areas outside of markets, typically for instance in education, water supply, social and health care, then it is for the state to create and produce the markets in these fields.<sup>33</sup> After the creation of the market, the state must avoid to the last interfering within the market (Harvey 2005: 7-9). In Foucault's terms, this *governmentality* is based on intervention into the conditions of the market, on its social environment and legal framework, not the market mechanism itself (Foucault 2008). As discussed earlier, the concept of governmentality refers both to practices and techniques of governing and to the discourses and modes of thought that make those practices seem rational (Lemke 2001). The neoliberal state takes and derives doctrines and techniques from the market, and introduces and applies these to non-market spheres. As one critic observes, '[t]he state does not retreat in the hope that markets will fill the space previously occupied by bureaucracy or democracy; it seeks to reconstruct social and political relations on the basis of norms and techniques that it extracts from market institutions, and then seeks to enforce elsewhere' (Davies 2013, 36).

Foucault claims that the regulatory principle of neo-liberal government is not so much the exchange of commodities as the mechanisms and dynamic of *competition* to which society is to be subjected. What is sought is '[n]ot a supermarket society, but an enterprise society' (Foucault 2008, 147). In this scenario the individual's life must be situated within the framework of a multiplicity of diverse enterprises, entangled with one another, and with the individual's life itself, and his relationships to his household, insurance and

---

<sup>32</sup> As the word 'process' here denotes, the attribute of neoliberal does not mean that a state, for instance, has realized or is fully committed to neoliberalism. On limits to the market see for example Davies (2013), in relation to care, and Hoppania and Vaittinen (2015)

<sup>33</sup> Referring to international experiences in the adoption of market mechanisms to the public sector, a research report by the Finnish Institute of Public Management from 1994 notes that government officials should pay more attention to *the creation of functioning markets*, than individual market oriented measures (Kiviniemi et al. 1994, 8, emphasis added).

so on, all are to be seen in the form, or according to the model of the enterprise. This involves extending the mentality and practices of competitive economic models to all existence; people are assumed and expected to make calculated choices by constant investment-costs-benefit analyses. Social relations too, of the individual to himself and everyone around him, are to be viewed in terms of supply and demand (Foucault 2008, 241-242; 2010).

The state is the key actor here, and fittingly Davies has defined neoliberalism as 'the elevation of market-based principles and techniques of evaluation to the level of state-endorsed norms' (Davies 2013, 37). For the purposes of political and policy analysis, the perspective of neoliberal governmentality emphasizes the role of governance, or government, as Foucault talks about it in its widest sense, as it becomes the locus of political power. These issues actualise also in the study at hand, and the following chapters suggest that crucial decision making and political weight in elder care is dispersed away from the parliament and other democratic organs to the various sites of (more or less democratic) governance.

Harvey argues that in the global perspective, the turning point towards neoliberalism happened in 1978-1980, after which it has gained ground both in political-economic practice and thought. It shows for example in the increasing deregulation, privatization and withdrawal of the state from many social services in a number of countries (Harvey 2005: 6-8). But if the 1980s have been a turning point for the welfare state and social policy in most industrialized countries, in Finland the constraints and limitations on social expenditure and the structural reforms from universality toward means testing and individual responsibility started in conjunction with the depression of the 1990s (Kiander 2001, 86-87).

The seeds of this new approach, however, had been sown in the 1980s. Heikki Patomäki points out how in Finland the financial markets were deregulated quickly in the 1980s, and the incorporation of state public utilities happened during the late 80s and early 90s (Patomäki 2007, 62-79). Patomäki argues that the severe recession of the early 1990s in Finland was largely an outgrowth of the typical endogenous mechanisms of the financial markets (ibid, 95). The collapse of the 'east trade' after the dissolution of the Soviet Union, a key trading partner for Finland, only made things worse. Furthermore, when the recession of the 1990s begun, neoliberalism had already gained ideological dominance among the governing elites in Finland, Patomäki suggests (ibid, 68). This was part of wider Western developments as the ideals of the welfare state had since the 1970s faced both a fiscal and a legitimization crisis (MacGregor 2005, 142-143). However, the welfare state was at its most extensive in Finland at the end of the 1980s, and the ideological change started to show in the praxis of social policy in the 1990s. It is somewhat peculiar then that, as Dahl notes, not much has been published on the relationship between the Nordic welfare regime and

neoliberalism.<sup>34</sup> Dahl characterizes the former as hostile to the latter because of the former's institutional environment and commitment to universalism. Dahl argues that it is important to study how neoliberalism translates into a particular type of organization in state-regulated care provision in the Nordic context, as we already know that for example neoliberal valorization of that which can be documented and calculated seems to have negative effects in relation to recognition of care (Dahl 2012, 284-285). I agree with Dahl's viewpoint, and thus attempt to consider what has happened to elder care in Finland in this respect.

This neoliberalization reflects the opening up of Finland towards the rest of the world, or, in other words the increasing globalization of governance. Whilst until the early 1980s Sweden was practically the only influential model for governance in Finland, by the 1990s there was an expansion in the sources of ideals and influences for governance and public policy (Temmes 2013, 220). Finland joined the European Union in 1995, as well as the World Trade Organisation (WTO), and through its GATS agreement in principle committed to global competition in the production of services.<sup>35</sup>

Significant structural reforms were begun in Finland in the 1990s during the recession. Cuts in public spending and the suppression of welfare services and benefits were a common feature of politics in the 1990s. For example, in elder care the number of places in institutional care residences fell approximately 20 percent, and the number of households that received home help dropped by 40 percent during the 1990s (Kiander 2001, 94). The cuts and reforms were presented as a necessity, due to the economic situation, but also as a response to criticism against public sector inefficiency and bureaucracy (Karisto et al. 1998, 313). Market-oriented discourses problematizing the state-centred Nordic welfare-service model had emerged in the 1980s, positing reform agendas to improve the allegedly inflexible and inefficient existing regimes (Wrede and Näre 2013, 58).

New Public Management (NPM) supplied a central tool box for the new emerging governance regime. It can be conceived as the application of the principles of neoliberal economy to the domain of the public sector (Lorenz 2012).<sup>36</sup> Developed in a body of managerial thought in particular in the 1990s, it is characterized by a distinctive style and practices of public policy reframed as *service management*. Key themes are cost-effectiveness, accountability and market-based structures (that is, quasi-markets). NPM's origins are in reform doctrines of economics which emphasize the ideas of user/consumer choice, contestability, transparency and incentive structures,

---

<sup>34</sup> Recently Yliaska (2014) has studied the birth and development of the marketization of the public sector, in terms of New Public Management, in Finland since the 1970s.

<sup>35</sup> The planned Trade in Services Agreement (TISA) which is currently being negotiated in the WTO, aims to further facilitate the global trade in services (see for example Marchetti and Roy 2013).

<sup>36</sup> Or perhaps an admissible, apolitical sounding name for the new practices which the label neoliberalism exposes as ideological.

and in managerialism which brings the principles of market economy to the public sector (Heffernan 2006, 141; Dahl 2009, 637).

NPM has taken different forms in different countries. For example Dahl labels the Danish version 'NPM light, since there has been less stress on contracting-out and marketing than in its British counterpart.' She characterizes NPM light as consisting of two elements: 'a neo-liberal economic discourse primarily concerned with efficiency ("more value for money") and a Human Resource Management (HRM) discourse concerned with "development" and "leadership"' (Dahl 2004, 332). In another study, Dahl points out how NPM is strongly connected to the standardization of services, which in turn enables competition (Dahl 2009).

In Finland, NPM practices were adopted especially in state administration from the late 1980s onwards. The eagerness for reforms stemmed from the legitimization crisis of the welfare state which was brewing both internationally and in Finland, spurred on by Thatcherian anti-state sentiments and increased competition between states. Criticisms were voiced about swelling governance, impractical and wasteful bureaucratization and centralization of power. The recession of the 1990s further heightened the sense of necessity of reforms. NPM was attractive in this context as it promised efficiency and transparency in evaluating outcomes (Temmes 2013; Yliaska 2010). And so, by the 2000s, nearly all state offices and institutions had gone through NPM inspired structural reforms of their organization and management system (Temmes 2013, 222).

But the reforms extended beyond the running of state offices, transforming the whole welfare state system. Despite the calls to increase democracy and municipal autonomy, which accompanied the reform ideas, Ville Yliaska (2010, 2014) argues that through the doctrines of NPM, power in Finland was in fact effectively centralized from local to central government level, and especially regarding the treasury, in the 1980s and 1990s. A doctrine called 'management by results' and the reform of the system of central governmental subsidies were the key mechanisms in bringing this centralization about, Yliaska claims. Management by results gave ministries the powers to dictate objectives for local government performance, whilst the municipalities were left with the power to decide *how* they would set about achieving those targets (Yliaska 2010, 369). The reform of the state subsidies meant that the amount of subsidies to the municipalities was not anymore based on actual municipal expenditure, a percentage of which had traditionally been paid by the state. Instead the system became computational, and the municipalities were given a lump sum based on their population and its age structure. The main argument and aim for the new system was to encourage municipalities to become more conscious about their expenses and increase efficiency and profitability. The transformation of the state central agencies and regional governance structures was meant to simplify and improve the overall public governance system, and it also meant taking steps toward promoting the utilization of market mechanisms.

(Julkunen 2001, 110-122; Patomäki 2007, 78-79; Wuori and Löytty 2004, 5; Yliaska 2010)

According to Yliaska, at issue here was not in fact the improvement of municipal autonomy, but rather the separation of strategic and operative levels of governance; control over public resources was reallocated to the state, at the same time as operational power was given to municipalities (Yliaska 2010, 369). This, Yliaska points out, meant that 'central government could lower the amount of central government subsidies without having to make politically difficult and unpopular cuts in public services – those cuts we now made by municipalities instead' (ibid, 376). Yliaska notes that this centralization of power was not lost on the National Audit Office, who in its report in 1994 stated that the reforms by then had not lightened central government, and no decision power had been shifted downward. Instead of the original goals of improving service and regional autonomy through decentralization, the main objective seemed to have been to strengthen the power of the ministries (Ibid, 369, cf. Matikainen 2014).

Consequently, the situation of the municipalities was somewhat contradictory by the end of the 1990s. On one hand, there was no general strategy to bring in NPM-style reforms in municipal administration, owing to municipal autonomy being secured by the constitution. The 1995 reform of the local government act further strengthened the position of the municipalities especially in relation to the regional level (the County Administrative Boards). Indeed, in Finland municipalities are the main organizational node in the provision of social and health care services, and they are responsible largely both for the design and provision of services, and some of the oversight of the system. They must all supply the same mass services, but are free to decide how they do this (Ryynänen 2008; Temmes 2013; Häkkinen and Lehto 2005).<sup>37</sup> On the other hand, the political atmosphere of the 1990s accompanying the neoliberal NPM trends affected the municipalities too. The targets to improve efficiency, set on state level, and economic hardship due to the recession and the reform of the state subsidy system, forced struggling municipalities to cut expenditures. To cope with the situation, many of them applied or aimed to apply the reform ideas that NPM presented. In practice, the result was a geographically variable situation with incoherent systems of administration and service provision. A multi-provider-model was adopted in social and health care services in most municipalities, but with varying practices of competition and levels of outsourcing.

As Ryynänen has observed, the relationship and the division of duties between the state and the municipalities have been shaped in an incoherent manner and remain somewhat contradictory. In practice the legal reforms relating to this have led to municipalities being responsible for arranging

---

<sup>37</sup> This is about to change however, as the big ongoing municipality and health and social service reforms plan to introduce regional level organs to organise services.



services, but for example in the constitution the responsibility is imposed on ‘public authorities’, meaning both municipal and state governance (Ryynänen 2008). Related to this, Ryynänen considers the constitution (reformed in 2000) deficient in that an explicitly stated financing principle was left out of it. The principle would decree that when legislating new duties for municipalities, a sufficient economic basis should be secured for them. Recent legal research (Matikainen 2014) actually suggests that the Finnish Constitution should be amended with a provision of the principle of adequate financial resources, and fleshes out the current problems: whilst the principle of adequate financial resources does have demonstrable status as a constitutional principle, it is not presently realized; municipalities have been given new statutory obligations and existing ones have been expanded, whilst at the same time the local government tax base and the level of central government transfers have been cut drastically. Furthermore, cost impacts are systematically underestimated in government proposals, and the programme for basic public services (which is part of the negotiation process between central and local government and part of the central government’s budget preparations) is not effective enough. As a result, the municipal economies suffer from significant imbalances (Matikainen 2014).

Despite these complexities and problems, on the operative level of social services municipal power has been expanded since the 1990s, as normative and economic state power over them was curtailed: central state agencies, which had controlled the enforcement of welfare policy, were replaced by research and development centers which supplied looser forms of information management and advice. Quality recommendations were developed, for example to direct and monitor the services for the elderly. Numerous laws and reform programmes were thus significant in the transformation of social policy and elder care. Opening up municipal services and for example slicing up and pricing home aid into separate *services* created important conditions for the marketization of these municipal functions (for example Kähkönen 2007). The precise definition and standardization of services is necessary to enable the measurement of their efficiency and ultimately to enable competition (cf. Dahl 2009; Hoppania and Vaittinen 2015). Even though outsourcing of home care, for instance, has only recently started on a larger scale, and municipalities are still the main provider of home care services, the steps taken in the 1990s were significant in the sense that they played a part in reframing and redefining the meaning of social care services.<sup>38</sup>

---

<sup>38</sup> As noted earlier, the whole language of ‘services’ only emerged in the 1970s, and the contents and meanings of home help, home care, and home services and accompanying support services are still being defined and refined. The vocabulary around (social) services and care would merit a thorough conceptual-historical analysis of its own, but, aside from these tentative observations about language, this discussion is obviously out of scope here (see also Rintala 2003). Here I want to simply point out how discursive changes in how practices are framed shape the way they are and can be governed (for

Along with the neoliberal trends which reshape the structures of governance to suit the introduction of market mechanisms comes a refocus on individual and, somewhat paradoxically, family responsibility. For the neoliberal subject that is being produced through these transformations is an economic man who organizes his life and manages possible and impending risks in relation to his care needs efficiently and rationally. Formal equality, individual rights, bans on discrimination and possibilities for compensation claims along with other typical indicators of liberal political style have been strengthened. But, as Julkunen points out, in the Nordic countries this has also meant a transition away from a (social-democratic) system of citizenship which is based on society (that is, the state) securing the realization of positive social rights. The emphasis on individual rights has also directed attention away from the actual weakening of social and welfare services (Julkunen 2010, 106-107; see also Anttonen and Häikiö 2011; Hoppania and Vaittinen 2015).

In other words, increasing responsibility for the realization of social rights falls on the citizen him/herself. But even if a citizen is well insured against risks through the market place, s/he might end up, due to unexpectedness of care, in need of public care. And for most people, especially in elder care, there is no possibility to cover the costs through private means, regardless of emerging individualistic ideals. As we do not (yet) live in a fully neoliberal state, in principle the final responsibility on social security lies with the public authorities. But with the increasing difficulties for municipalities to provide these services, the citizen might be left without the services needed, only with the juridical rights to press for his or her rights through the courts (Julkunen 2006, 21). In this context the (gendered) role of family relations in supplying care become again pivotal. It is noteworthy, that these new social

---

good or not; this is another question). Family care, or the concept of *omaishoito* in Finnish, is a case in point. This word combines the words *hoito*, that is, care, and *omainen*, a loved one/a close relative. An interviewee from the Association of Care Giving Relatives and Friends, which was founded in 1992, explains the origins of the term and the context in which the association was set up:

By the mid-1980s the discussion had started, from the point of view of close relatives [of those in need of care] and in '84 we got the benefits for the home care [by relatives] of the elderly, disabled and the long-term ill, it was sort of a first trial [...] The public discussion then was mostly about how relatives could be used as a resource for instance in institutional care. It was not originally about relatives caring [for each other] at home, but then it started to sort of burst out, the whole thing, along with these discussions: that how many people in fact are [family carers], and they are not in any books or files. And then in '87 research found that the number was 320,000! So that's how it started to surface. But we didn't have the word family carer (*omaishoitaja*) then yet. [We've had it] officially since '93 when a ministry working group was set up to examine the position of [family carers] from the perspective of labour law. But they ended up deciding it is about social services, and not a labour relation within the family. [...] I have a feeling that then, also because of the media, people started to perceive that hey, we are these family carers! (I4, 1-2)

care politics, as Anttonen and Häikiö (2011) also note, have been implemented without any extensive public debate or opposition.

How then, do these reforms, developments and the concurrent ideological shifts show in the practices of elder care? Examining elder care services from 1989-2002, Vaarama and Noro (2005) show how during this period home care (supplied by the municipality) was consistently diminished. They suggest that this means that care responsibility has been reallocated to family and relatives, as since 1988 the number of people receiving family care allowances had risen 49%.<sup>39</sup> The concurrent active development of family care allowances has clearly played its part too. However, only a minority of family carers receive this allowance.<sup>40</sup>

Long-term institutional care has also been reduced since the late 1980s, and clients of elder care services have increasingly moved to serviced apartments, that is, supported housing, often in the private market (even if subsidized by the municipality). Nonetheless, numerous old-style municipal care homes still remain, and the elderly may also end up spending long periods in health-center inpatient units, when other services forms are not available. While the expansion of service housing had been the objective of the service structure reform, the other side of the objective, improvement and expansion of home-based care and assistance services, had not until 2002 (and still has not) been accomplished. New objectives have been set for municipally provided home care services without ensuring adequate resources, and according to the National Audit Office of Finland this has in practice led to a shortage of personnel and a reduction in the quality of services, for instance through cutting down the service supply, tightening the procedures in granting services and shortening the duration of client visits. In its report on regular home care for older citizens, the Audit Office notes how the practices and price of home care vary a lot between regions, and it is unclear what is in fact meant by home care. The Audit Office suggests that the Ministry of Social Affairs and Health should define precisely what home care means. Interestingly too, according to the report, the idea that home care is a cheaper option than institutional care, does not always hold (National Audit Office 2010, 8). In Fraser's terms, recognition for many care needs is evident here, but corresponding redistribution is lacking. Significant however, is not only the lack of redistribution here, or insufficient

---

<sup>39</sup> By family care I mean a situation of informal care where a family member cares for a dependant loved one/family member. Typically an elderly spouse might care for a frail partner, or an adult child for his or her parent. (Different benefits apply for care of children, or in case of disability.) The family caregiver's allowance is modest, and is granted at the discretion of the municipality.

<sup>40</sup> As Vaarama and Noro note, the statistics referenced here are somewhat dubious, as the terminology of institutional care and serviced flats/living in (intensive) service housing, and the way these statistics are compiled, has changed over the years. These figures should therefore be taken only as general indications.

or misdirected redistribution, but also the origin of the very idea of care as service needs, and how these needs are discursively framed and produced (so as they can become objects of governance).

Overall, in proportion to the growth of the elderly population, service provision has diminished and its structure has changed. The largest reductions have been made in home care services and long-term special health care. Relative to the number of people over 75, only the numbers of family care allowances and serviced apartments have grown. Hence in social services, Vaarama and Noro conclude, the service structure reform has meant a transition toward more lightly staffed care facilities and from municipal services toward supporting family care (Vaarama and Noro 2005). More recently, Olli Karsio and Anneli Anttonen (2013) have confirmed these trends:

The decline in regular home care and the corresponding rise in use of the ICA suggest that some elderly people with extensive care needs who might have received municipal home care had they entered the system in the 1990s may now be cared for instead by their relatives receiving ICA. Figures also indicate that elderly with smaller care needs are less supported with home help than they were 20 years ago.

(Karsio and Anttonen 2013, 90).

They also show how informal care allowance (ICA) has been promoted as an option for expanding care at home, and now covers 2.7% of the population aged 65 and over.

While the role of the family has been emphasized in home care, intensive service housing units (that is, care homes with 24-hour professional care) have instead been privatized in the other sense of the word; this field has become extensively outsourced to for-profit providers since the 1990s:

Between 1990 and 2009, the share of social service personnel working in public services fell from 88% to 68%. Between 2000 and 2009 the number of for-profit service units more than doubled while the number of non-profit units slightly diminished. The most intensive growth of for-profit provision is seen in service housing.

(Karsio and Anttonen 2013, 87)

This contrasts with the way that outsourcing in social service provision had previously favoured partnerships with non-profit actors such as welfare associations and foundations. This was due to regulations concerning in particular the status of Finland's Slot Machine Association (RAY), which has a government-granted monopoly in running slot game machines. RAY was also obliged to use its profits for the public good, and it funded the building of a significant number of old age homes and service housing flats for older people from the mid-1980s to the mid-1990s. A legislative reform through the Lotteries Act of 2001 ended this practice, as the principle of competitive

neutrality in public procurement was being implemented. Non-profits have since had to adapt to the new situation and to succeed in competitive bids. In effect, they have started to resemble for-profit firms (Karsio and Anttonen 2013, 93-94).

Social policy has thus been increasingly geared toward marketization since the 1990s and only 'very few functions, such as decisions over involuntary placements in child protection and mental health care, are left exclusively to public authorities' (Karsio and Anttonen 2013, 93-94). All these developments are in line with neoliberal ideology and dogma. In fact, we can see here how practices that are not compatible with the neoliberal model of market competition are being screened out through regulation that produces and forces into existence market mechanisms and market subjectivities. Care relations are turned into market relations. As traditional non-profit provision and ideals of solidarity, for instance, are not congruent with this model, they have to be suppressed. This is how political boundaries are drawn today. While the welfare state provided some recognition and enabled the use of the market for 'public good' – as with the RAY monopoly – now the market trumps almost any other goals of governance. And even if the idea that the private sphere of the family could supply care still exists, market models are pushed increasingly into this intimate sphere as well. The family care allowance, for example, creates a contractual, that is, market-like relation between the carer and the municipality. Notably, the care receiver's position is somewhat problematic here, especially from a legal point of view, as s/he is not a party of the contract, but the contract is made about his or her care (Kalliomaa-Puha, 2007; 2009).

Although the market ideology seems now to predominate, it should be noted that 'Finnish local authorities are not *obliged* by any law to outsource any of their social and health services. They can outsource services if they prefer to do so, but they can also provide all the services themselves or in collaboration with other local authorities' (Karsio and Anttonen 2013, 94). There is no totalitarian market regime in place by any means, which means that the political decisions in municipal councils are highly significant as to the direction that the service provision will take. However, even in the absence of outsourcing and competitive tendering, the models of the market or market-like mechanisms have been adopted in many municipalities in the form of internal markets and the purchaser-provider model. This means that an administrative split between purchasing and providing units in the municipalities is made, but outsourcing is not necessary (ibid, 99). But obviously, by having this structure in place, outsourcing from external market providers is made easier. Voucher systems and tax credits also strengthen the marketization of social care services.<sup>41</sup> As Karsio and Anttonen

---

<sup>41</sup> In the service voucher model, municipalities distribute publicly-funded vouchers to the service users to purchase the services from a private provider. Certain municipalities provide these vouchers for long-term elder care services. The vouchers can be used to pay for services produced in the private

point out, ‘in purchaser-provider split models, municipal providers usually have to change their services into “products” or “commodities”, which must be specified in more or less detail, and which can then be written into contracts more easily’ (ibid).

As mentioned above, the possibilities for such commodification were laid in the 1990s. Indeed, Laura Kalliomaa-Puha has pointed out the growing contractualism in the social sector in Finland: contracts are becoming the main tool through which responsibilities and public relationships are channelled. Both contracts between the public authorities and private firms, such as service provider contracts, and contracts between the public authorities and private citizens, such as care contracts with family members of those needing care services, are becoming increasingly common. The consequences of the latter type of client contracts are problematic and contradictory, according to Kalliomaa-Puha. The potentially emancipatory freedom of negotiation can lead to the displacement of the weakest as contract law presumes that contracting parties are autonomous individuals capable of deciding for themselves. The demands of contracting are quite high and negotiation and self-presentation skills are vital. Problems arise when someone cannot formulate or justify their needs in contractual terms, or for example agree to too much (Kalliomaa-Puha 2009; Julkunen 2006, 10-11).

Marketisation and contractualism (key ingredients of neoliberalism) are thus significant factors in the recent policy developments concerning elder care, but it is only recently that they have become major drivers of change (Karsio and Anttonen 2013; Anttonen and Häikiö 2011). Research lags behind these developments and extensive gaps exist in knowledge about these issues in Finland (Karsio and Anttonen 2013, 86). Marketisation seems to be the term most commonly used in research, in relation to the developments described here. By referring to these processes as neoliberal, or part of the growing current of neoliberalism, I want to emphasize the ideological dimension of what is going on. As I have pointed out elsewhere with Vaittinen (Hoppania and Vaittinen 2015, 82-83), taking a Foucauldian perspective, the introduction of recent legal and institutional changes has enabled the neoliberal subject of care to be produced as an economic utility maximizer, and made ‘eminently manageable’ through ‘systematic modifications *artificially* introduced in the environment’ (Foucault 2008, 270, emphasis added in Hoppania and Vaittinen 2015). In other words, the NPM policies and other neoliberal reforms redefine the social services of elderly care as a sphere of markets, into which its subjects must enter as

---

or non-profit sector that are certified by the municipality. Approximately a quarter of municipalities arranged some health and social care services by publicly-funded vouchers in 2006, and about 16% of municipalities used vouchers for arranging in-home help in Finland (OECD 2011). Households can also take advantage of tax credits for domestic costs (under certain conditions) when buying services from the market (for example domestic cleaning or care services).

consumers and producers of services. It creates and allows for specific types of subjects only, those of capitalist relations, where even intimate care relations are turned into contractual market relations. All this redefinition and reorganization is discursive and material; it both requires and makes possible the administration and governance of care relations, the application of specific measures, of the implementation of procedures through which the care consumer and care service provider – or producer – emerges and is managed and governed. It should be pointed out that this commodification of care and production of market subjects is not specific to care services but instead is occurring in many fields (cf. Hoppania and Vaittinen 2015). For example Lynch et al. have shown in the case of education in Ireland how the development of an entrepreneurial and actuarial self has become the new mantra, undermining solidarity and care commitments in education (Lynch et al. 2012, 21).

However, even if the general picture points toward increasing marketization and expanding neoliberalism, there is plenty of variety in how these developments play out. There are more than 300 municipalities in Finland,<sup>42</sup> all of which effectively have their own systems of operating social and health care services. Individual municipalities have some autonomy as service providers, as was discussed above, for instance in whether they outsource or not. The legal framework is decided on the state level, and for example the Social Welfare Act obliges local authorities to provide for people's needs. The municipalities have some leeway in deciding how to meet the needs of their residents, but the state controls much of the resources through funding mechanisms (mainly subsidies), and as austerity characterized state policy in the 1990s and again since the global financial crisis of 2008, many municipalities are struggling to provide the social services that are needed. The financial difficulties of municipalities are one factor pushing them toward marketization reforms that promise efficiency (Karsio and Anttonen 2013, 87, 97). The state also exerts influence through its policy declarations and guidelines, which advance the adoption of many market instruments in the municipalities. Between the state and the municipalities, the regional level is in charge of most of the supervision through regional state administrative agencies.

The financing structures of welfare services reflect the ideals of the welfare state (of autonomous municipalities, universal rights to basic subsistence and more), even if they seem now to be transforming. The state funds approximately one third of social and health services, service users under one tenth and local authorities (through municipal taxes) the remainder. In elder care, however, the share of user fees is roughly one sixth (Karsio and Anttonen 2013, 87). Almost all (80%) private social services are also funded by local authorities. In practice, they are outsourced services

---

<sup>42</sup> In 2013 the precise number of municipalities was 320. The number has been decreasing in recent times due to encouragement of municipal mergers as a part of public sector restructuring.

(Hartman 2012, referenced in Karsio and Anttonen 2013, 112). There is no information or statistics on how market mechanisms, such as vouchers or tax rebate, are considered in these figures (Ibid.) On the whole, it is in any case clear that marketization has been rapid and profound in social services and elder care (Karsio and Anttonen 2013, 112-118; Ministry of Employment and Economy, 2011). In particular, intensive service housing, which is now the dominant form of residential care, is increasingly privatized and large international private equity firms are becoming more prevalent in the field (Karsio and Anttonen 2013, 118).

One significant factor in these developments in Finland is the European Union. The EU produces both normative discourse and legislation, which to differing extents binds and affects the member states. Finland's membership in the European Union since 1995 has had considerable effects in the way social services are produced. Finland is committed to EU directives on public procurement, and started to follow the principles of international competition and competitive tendering with the Act of Public Procurement coming into operation in 1994 (after which it has been revised several times), transforming the social and health care sector. It is significant though, and telling of the ideological currents in Finland, that the Finnish legislation for public procurement is in some ways stricter than what the EU directives would require, as critics have observed: 'The legislated threshold for the procurements is lower in Finland than [what] the [relevant EU] directive requires, and the Finnish legislation includes welfare services, although EU directive does not require them to be included' (Karsio and Anttonen 2013, 95).<sup>43</sup> This is in line with the general conception of Finland as a compliant 'model pupil' of the European Union, with a legalistic tradition leading to Finland's excessive gold-plating of EU regulations, that is, adding unnecessary additional detail or rules, and thus going beyond the requirements of the directive (Laegreid et al. 2004, 350; Nicolaides and Oberg 2006)

Indeed, EU policy allows member states considerable freedom to suspend the competitive market order (that is, to resist full neoliberalisation of policy) with legitimate justifications. Two of these justificatory logics are relevant as regards welfare services. Identified by Davies, they are often coexistent but clearly analytically separate: 1) *exemptions*, that is to say, rival orders of worth, which are incommensurable with the market and appeal to some other notion of value, and are accepted as possible and legitimate (political) commitments and choices; or 2) *externalities*, which are resistant to market-based principles and techniques by their objective nature (not necessarily by any cultural or moral barrier), and thus their market order of worth is very difficult to obtain (Davies 2013, 38-40, 44). EU policy has thus created 'space in which to protect the European "social" model from markets and market principles' (ibid, 44), effectively admitting that the markets are or can be a

---

<sup>43</sup> Act on Public Contracts 348/2007 is based on EU Directive 2004/18.



threat in some way to that model (although not clarifying how). However, the empiricist tradition of neoliberalism sees a problem with the level of the exemptions in particular, and hence, '[t]he first task for a regulator' Davies explains, 'is to bring the true costs of state intervention to light, measured in terms of price' (ibid. 47). This is where the need to price elder care services (down to the very last details) ideologically emanates from, even when these services are still produced by the state or municipalities, and regardless of the worries over an oversized welfare state.

The ideological hegemony of neoliberalism in European governance is further indicated by the fact that it is increasingly in terms of externalities that limits of markets in social services can today be voiced; what is ostensibly at issue here are the empirical limits of market pricing, not the market 'order of worth'. Normative limits of market-based approaches to valuation are less and less acceptable, and hence intervening in markets must be framed in the language of market principles and techniques – market failure, welfare effects, incentives, effectiveness, objectives and so on (Davies 2013, 49-50).

In any case, since Finland joined the EU, the marketization of care services has progressed relentlessly.<sup>44</sup> To give some indication of the magnitude of these changes, between 1993 and 2002 the purchase by municipalities and federations of municipalities of outsourced services in social and health care almost doubled (Wuori and Löytty 2004, 6), and in social services the role of private business expanded almost fivefold between 2000 to 2009, both in terms of personnel and revenue (Ministry of Employment and Economy, 2011). In 2010, the for-profit sector's share of all social care was approximately 15%, and almost half of that 15% consists of for-profits operating in elder care (Karsio and Anttonen 2013, 112).<sup>45</sup>

These developments are tied to the larger ideals of EU social policy, or the lack thereof. The social dimension has long been present in EU agreements, especially since the 1997 Amsterdam Treaty and the Lisbon strategy of the early 2000s. In 2009 the Finnish government resolved to make the strengthening of the social dimension the new political objective for Finnish EU-policy (Pakaslahti 2011, 35-38; Palola 2007). European social policy has striven to reform the welfare systems of the member states, but it is also

---

<sup>44</sup> It can be speculated, of course, to what extent the EU is the cause here, separated from the effects of the recession and so on. This is not my interest, however, as I merely want to show how the EU is one significant governing actor in the production of normative discourse – if not so much binding law – in relation to social policy and elder care.

<sup>45</sup> It should be noted here that my study focuses largely on social, not health care. This is because in Finland these two are typically organizationally separated, even if a more integrated system is now being sought with the ongoing reforms. The units of elder care (intensive service housing, for instance) belong under the remit of social services, even if in practice, as mentioned earlier, some elderly people end up spending long periods in health-centre inpatient units due to lack of space in more appropriate facilities.

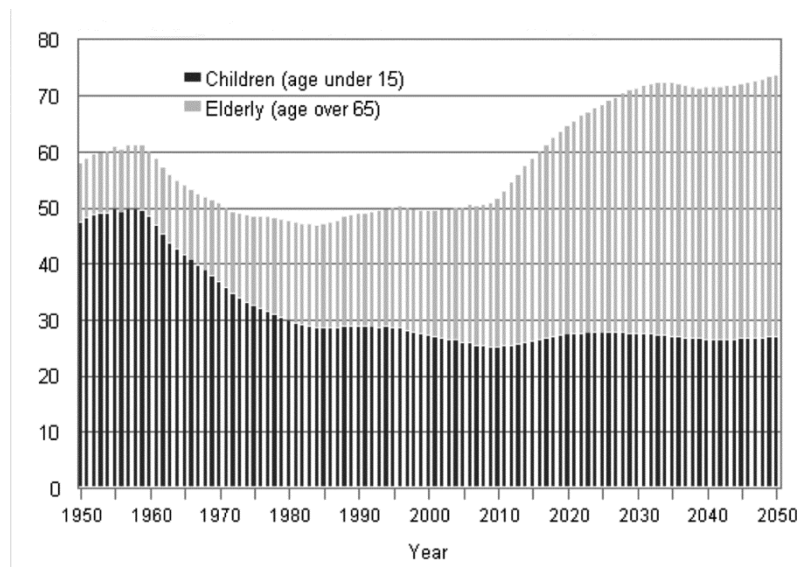
actively involved in a discursive struggle to reshape the lifestyles and attitudes of people towards welfare, so that individual enterprise would take the place of dependency on the state. This is an important communication policy, as its goal is to legitimize the structural reforms and modernizing projects of the EU (Palola 2007, 13-14, 28-29). Instead of asking how economic growth can improve welfare, the question today is what welfare can do for the economy (Palola 2007, 26; Eräranta 2013, 74). Considering EU health policy as an emerging space of governance, Elina Palola argues that health discourse is used to create a conception of the healthy (read: productive) citizen that the competitive EU economy needs (Palola 2007, 383-385). Based on her research on the reconciliation of work and life as a social question, Kirsi Eräranta argues that in Finland, too, thinking about welfare through its role in global competitiveness is becoming more common (Eräranta 2013, 74).

The European Union, however, lacks the authority to dictate or organize the key structures of social policy. This is still to a large extent a nation-state level policy field. As a result, the powers of the EU in this area have to do with soft regulation and (normative) steering, and the discursive agenda creation of goals, problem fields and possible solutions. Indirectly of course, the legislation and regulation of commercial policy, as regards services in particular, has more concrete consequences for the national social policies of the EU countries. Dahl et al. (eds. 2011, 8) have also pointed out the contradictory situation which has followed the disparities between the level of regulation in different sectors of EU policy: there is free movement of labour but no comprehensive regulation on social issues, which indirectly affects care relations across (and beyond) the Union.

Towards the 2010s, the field of Finnish social and health care, and elder care in particular, has become characterised on the level of practice by a mixed model of production, and on the level of discourse by a rhetoric of necessity, impending care deficit, and ideals of free choice, individual responsibility and detailed regulation. During the last two decades the universalist ideals of the welfare state have increasingly been subsumed by consumerism and neoliberal trends. However, popular support for the welfare state remains strong (Vaarama et al. 2014), and it seems that many of the neoliberal reforms that might in fact undermine some of the cornerstones of the welfare state have been made with the ostensible aim of saving the welfare state, keeping it sustainable.

The key threat to the welfare state, in addition to the austerity measures following the economic crises of the 1990s and the current one, is the worsening dependency ratio. The latter factor would, even in the absence of the current global economic crisis, put the welfare state in its current form under threat. At the end of 2011, the demographic dependency ratio (that is, the number of children and pensioners per one hundred persons of working age) was 52,9 in Finland. The ratio has remained roughly at this level since the 1970s. When the post WW2 baby-boom generation retires and gets old

and starts to require more care, the situation will worsen dramatically. Graphic 1 illustrates this situation. According to the Statistics Finland projection, by 2017 the dependency ratio will be over 60 and by 2028 over 70, a level it has never reached during Finland's independence (OSF 2012; OSF 2009). This development is due to a low birth rate combined with extended life spans and a strict immigration policy. The number of people aged over 65 was in 2009 predicted to reach 1.6 million by 2040, (from 900,000 in 2008) while the number of those over 85 will simultaneously grow fourfold from 2008. It is notable, though, that there are already now sizeable regional differences within Finland (OSF 2009).



**Graphic 1** Demographic dependency ratio in 1950-2013 and projection for 2014-2050: Number of children and elderly per 100 persons in working age (OSF, 2012).

In this context migration, which has grown rapidly since the beginning of the 2000s, becomes significant. In 2008 the net gain from immigration was an unprecedented 15,500 people. Immigration has recently been a political hot potato, and some of the 2011 election victory of the True Finns can be attributed to the party's exploitation of the 'scare' of immigration.<sup>46</sup> But the importance of immigration becomes clear when considering the fact that if Finland were to close its borders and no immigrants entered the country, it would mean that the working age population would diminish by 280,000

<sup>46</sup> This party (Perussuomalaiset) later changed their English name to 'the Finns Party'. Part of the party's meteoric rise has been often connected to their anti-immigration stance, and their politics are characterised as populist, anti-elitist, nationalist and far-right. However, many of their social policy alignments are supportive of the welfare state, and some of their MPs and candidates have a background as in the care sector and specifically advocate for better elderly care. Only time will tell what their actual priorities are when they are in the government (see for example Nordensvard and Ketola 2015; Niemi 2013; see also chapters 4 and 5).

people by 2020, and by 440,000 by the year 2030. In this scenario, the dependency ratio would be over 75 already in 2027 (OSF 2009). This demographic structure clearly poses a huge challenge in Finland, but also in most of Europe in the next few decades. But while this is a Europe-wide problem, Finland's situation is currently among the worst. As noted in the OSF report, however, these figures should not be interpreted as descriptions of the inevitable. They only show what the population will look like if the current trends continue. The point of these predictions is to give decision-makers tools to estimate what kind of preventative action may be needed (OSF 2009). For the purposes of the present study, these statistics and projections are mostly of interest because of their role in the legitimization of elder care policy; the threat they seem to imply is commonly referred to in the discourses concerning the elder care act.

The question of migration and international care relations did not gain much visibility in the process of drafting and passing the elder care act (see chapters 4 and 5). However, along with the various structural and administrative reforms of care provision, labour migration has been seen as a solution to the worsening demographic situation in the governance processes which were ongoing in the background while the elder care bill was debated and drafted. In fact, Vaittinen argues that because erasing the promise of state-secured care is politically unfeasible in Finland, the state is compelled to somehow organize its segment in the international political economy in a way that enough caring bodies are available for the Finns in need. Hence policies of labour migration are being promoted, pilot projects of international nurse recruitment launched and qualification and education routes tailored for migrant nurses (Vaittinen 2015, 106-107). These programmes are happening still on quite a small scale, and the Finnish migration regime is one of the strictest in Europe (ibid. 101).

A ministry report on the definitions of policy concerning organisation, development and supervision of social and health care services stated in 2011 that 'without raising the productivity of basic services and stopping the growth and reducing the municipal statutory responsibilities [...] we will end up with a negative trajectory and big increases in taxation' (STM 2011:7, 22).<sup>47</sup> The experts of elder care governance thus largely agree, that reforming the health and social services, the biggest expenditure of the municipalities, is necessary, and as the following chapters (4 and 5) demonstrate, this underlying idea that 'we cannot afford it anymore' is accepted as a fact and functions as a nodal point in the hegemonic (neoliberal) discourse on which governance is based and by which reform is legitimized. Elder care in particular is a crucial field here, as Finland is the fastest ageing society in Western Europe. While the worries over the unsustainability of extensive, universalistic social services are prevalent in the media and in policy documents (for example STM 2010), the need for better services for the

---

<sup>47</sup> My translation.

elderly also keeps popping up, as it did for instance in the Parliament in 2005 and 2006.

In 2005, MP Toimi Kankaanniemi (Christian Democrat) filed a petitionary motion proposing that the government takes action to clarify the rights of the elderly for care, and the responsibilities of the public authorities concerning elderly care. Referring to weaknesses in elder care services brought up by the chief director of Statistics Finland, the motion pointed out the striking lack of strong rights and public responsibilities in elder care services in Finland. While a statutory care guarantee is in force in health care, and children's day care and certain other central services have been guaranteed by so called subjective rights,<sup>48</sup> or by other corresponding benefits, there are no such guarantees for elderly care (TPA 53/2005). No consequences followed from the motion put forward by Kankaanniemi; it was sent to the relevant committee, but never discussed, lapsing after the elections of 2007. In 2006 a proposal for an elder care law was put forward in a Members' initiative, signed by 17 MPs from the then opposition party Left Alliance. The initiative argued that a new law was needed to guarantee older people the right for equal and good quality services. Quoting state objectives and statistics it explained how the current situation particularly in home care is unequal and far from satisfactory (LA 51/2006). However, the bill received little attention in the initial plenary discussion and was never discussed in the Social Affairs and Health Committee where it was sent. The bill thus also lapsed in 2007.

The New Public Management model and market-oriented mechanisms now prevail in the municipalities, in place of the traditional administrative-legalistic framework of government (Moisio et al. 2010, 5-8). Finland seems to be approaching the form of a liberal welfare state, as Anttonen and Häikiö (2011) argue. Indeed, many features of recent developments in care policy seem peculiarly to echo the poor auctions of the 19th century. 'Competitiveness' has become an imperative, and is understood as a question of national survival; this understanding has penetrated all areas of society, but what competitiveness in fact means is obscured (Patomäki 2007, 66-67). However, the institutions of the social-democratic-dominated welfare state era and persisting support for broad public services have made a full-scale realisation of the neoliberal vision difficult (Patomäki 2007, 96; cf. Dahl 2012). As was the case a hundred years ago, the attempts of governance are never simply accepted. Mixed with existing practices and old institutions, they face opposition and (sometimes somewhat invisible) counter-activity. The question of responsibility for the developments which seem to take us further and further away from the height of the welfare state, and for the

---

<sup>48</sup> A subjective right in the Finnish context means a strong entitlement to a service, independent of municipal resources. These types of rights are granted for example in the children's day care act and the disability act (Tuori and Kotkas 2008, 242-246).

scandals and clear failures of social services, is obscured. No one wants to take responsibility for the negative changes, and at the same time, individualisation and contractualisation of responsibility intensifies (Julkunen 2006, 11-15). This is to say that the boundaries and liabilities of the welfare state are always an object of political and economic conflicts, and today in Finland we are living with the political horizon of a postexpansive welfare state, as Julkunen has put it (Julkunen 2006, 15).

In practice, public elder care services towards the 2010s consisted of a mix of home care and support services, residential care services and care allowances (for example family care allowance). Support services include meals-on-wheels, washing and bathing, transportation and services that aim to support independent living and provide help in daily activities. These are provided in home, in service and day centres, and in long-term residential care units (Karsio and Anttonen 2013, 88). An individual's access to these services is based on needs assessments by municipal officials, and constrained by the financial situation and guidelines set by municipal decision-makers (Karsio and Anttonen 2013, 87).

The issues concerning elder care, from the worsening dependency ratio to the treatment of the elderly in care facilities, have also sporadically been taken up in the media, and have been a cause of worry for individual citizens and third sector organisations. Civic activism increased in particular at the turn of the millennium. A social movement for humane old age ('Kansanliike ihmisarvoisen vanhuuden puolesta') was set up in 1997-8 when issues of long-term institutional care were again hotly debated. Five women activists started a petition to improve the situation. It gained 155,000 signatures. One of the five initiators, Tarja Tallqvist (an MP of the Christian Democrats 2007-2011) started another petition after the elections of 1999, demanding more staff for elder care services and support for family carers. This petition finally collected 405,000 signatures, and it was handed in 2006 to the then minister of finance (Saarenheimo 1998; STM 2009a). Spurred on by these debates and activism, several research projects were set up to explore the quality of services. They confirmed the existence of these quality deficits, but also brought forth positive developments. Public discussions and research results have thus also actively pushed the authorities to develop elder care services in recent years (STM 2009a, 1-2). Comments and activities of non-governmental organisations and individual citizens who have formally and informally contacted civil servants and the Ministry of Social Affairs and Health have also played their part in keeping elder care on the political agenda. Expressing the need for a law concerning elder care, these communications had however remained somewhat unspecific as to the content of this potential law (STM 2009b, 1).

Citizen activism, third sector organizing and the role of the media have produced competing articulations regarding what is significant and in need of reform and amelioration. These grass-roots level or bottom-up movements bring a different set of goals and objectives, and perspectives on the value of

the welfare state, to the hegemonic strategies of the governing elites. They serve to show that the top-down expansion of neoliberalisation in elder care, which the period starting in the 1990s has witnessed, has also faced challenges and opposition. And of course, sometimes the neoliberal agenda goes well together with the demands of the citizen movements, as for example in the calls for rights to more individual treatment and flexibility (cf. Fraser 2011).

### 3.5 Conclusion

This chapter has argued that whilst significant shifts and policy alignments concerning present day Finnish elder care took place after the recession of the early 1990s, a review of the history of social welfare policies shows that many of the defining features of the present situation were formed much earlier. The division of labour by gender and class, the ideological production of social motherhood, and ideals of gendered citizenship laid the groundwork in the establishment of social care institutions from the late 19th century onwards. This chapter has emphasized the political nature of these developments. The low level of wages in the social sector, for example, is shown not to be a result of women working in these professions due to an altruistic calling. Rather, such ideals were produced by ideological discourse formation. The political struggles of the post-war decades, in particular the late 1950s and 1960s, emanated from changing structures of production and livelihoods. They resulted in a turn towards a universalistic welfare state, although this was no smooth development, but rather characterised by severe struggles. In any case, strong welfare state institutions were set up, and among them institutional elder care became prevalent. Informal family care (in the case of the elderly by spouses, adult children etc.) has, however, always remained the most significant form of care, even if it is largely informal and invisible and its significance still arguably underestimated and unrecognised.

The turn toward a neoliberal order took place from the 1980s on, but this showed in practice only in the 1990s when the severe recession, combined with criticisms of bureaucratisation, created fertile ground for extensive reforms of public administration and service provision. As Finland joined the European Union, further international influences and obligations pushed privatisation and neoliberal reforms forward. Citizen activism and media debates that have from time to time arisen have also played their part in setting the agenda in elder care. The sense of urgency around the need for reform has been further heightened by the most recent crisis, as this has only made the sustainability deficit caused by the demographic structure worse.

Today's situation reflects the past in many ways. Elder care and the organisation of social services (care of dependants) more widely, were connected to wider political worries already a hundred years ago. Care

policies have also long been an object of state governance, typically in a top-down style of administration. The schisms between municipal and state-level rule are also a long-standing feature in the organisation of social services in Finland. Furthermore, this chapter has shown that conflicting ideas and ideals have always existed, and active civic organising and political struggles have shaped the way the welfare state has grown and developed.

In a long perspective, the universalising politics of the welfare state (roughly from late 1950s- to 1990) seem like an exceptional period, as today's developments seem to have more in common with the early developments of social policy than the period of the welfare state. To be sure, describing the welfare state period as having been characterised by universalist ideals means neither that those ideals were totally dominating, nor that they were to a full extent realised. Furthermore, the reality of elder care services might well have been more inadequate and grim in the heyday of the welfare state than what it has since developed into. It is not my aim to evaluate the history of elder care in this sense, but rather to show how the ideals and practices of elder care governance have emerged and changed. It should also be noted, as Karsio and Anttonen (2013, 88) have done, that '[in] eldercare policies, we have not seen similar historical compromises between very different and opposing policy alternatives as has characterized the domain of childcare'. That is, no universalist subjective rights to elder care services have been granted.

Today, it is the economic logic that has taken the lead over the ideals of universal, state-provided welfare services. Increasingly the responsibility of the individual to prepare for old age through savings and private insurances is emphasized again. The most significant transformations in elder care since the 1990s have to do with the marketization of this field and the opening up of the social sector to capital accumulation. In other words, what is pivotal now is the neoliberalization of the sector, which comes with increasing globalization (of governance). If before the turn towards a neoliberal order the care sector had either been naturalized and somewhat invisible, mostly contained within the private sphere of family, or socialised as a municipal and state issue (during the welfare state period), now the world of market exchange has come to increasingly characterize the field. This has not lessened the role of the state however. As this chapter has shown, expansion of markets to new fields requires the active creation of these markets and quasimarkets, and in this the role of the state is central. Furthermore, the social and health care sector in particular, because of the nature of care and its intricacies, and the history of universalizing state-provided services, now allegedly requires extensive regulation, monitoring and surveillance structures, to both fulfil its promises and allow for profit extraction. This is discussed in the following chapters in relation to the case study at hand. And it is precisely here, in the field of governance of care, that the politics of care is increasingly played out.



In the following chapters I trace the significance and influence of these developments in relation to the elder care bill/act. Through an analysis of the process of drafting and passing the law, I show how a hegemonic frame of the problems of elder care is formulated and upheld, and how critiques and challenges to this framing are surmounted.

## 4 LAW TO ENSURE (THE RIGHT TO) CARE?

The preparation of this law, honoured mister Speaker, has been a process beyond comparison.

(PTK 126/2012, Rehula)<sup>49</sup>

### 4.1 Introduction

In 2009 the social and health services as a whole were undergoing a long and winding process of transformation: the reform project *Paras* paved the way for an ongoing project to restructure local government and services, and the Social Services Act was planned to be reformed in the coming years. Economic pressures on service provision were never off the agenda and in addition to the worsening dependency ratio the global financial crisis was heightening the sense of an impending sustainability deficit. When the wide-scale media scandal concerning elder care services erupted, however, the government was compelled to react. Support for the welfare state, or rather the *welfare society*, as the increasingly preferred designation seemed to be, had remained strong in Finland, despite the sense of crisis and that ‘we cannot afford it anymore’. Now that there was no way around the fact that the system had failed the elderly, something needed to be done. This something was a stern promise that a new law would be drafted and put in place, and it would force the municipalities and those bodies and institutions in charge of elder care services to make necessary amendments to guarantee adequate care for the ageing population. The then minister of health and social affairs, Paula Risikko, declared that some of the things in quality recommendations would be made into binding law (STM 319/2009). She also considered it possible that municipalities could be forced (by law) to hire more staff for elder care services (Sommar 2010).

As the media frenzy around the issue calmed down, the work of drafting the law began at the Ministry of Social Affairs and Health. In 2011 the first draft of the elder care bill was released for the public, interest groups and specialists to comment on. The new government elected in 2011 was also committed to the law, and another media frenzy over the issue – concerning specifically staff ratios – erupted in the summer of 2012, keeping the pressure on to finish the law. Based on the comments they received, the ministry officials drafted a second version of the bill, which, after a round of comments and some more revisions, was finally submitted to the parliament in the autumn of 2012. The parliament dealt with the bill in a routine but

---

<sup>49</sup> All translations from the debates and documents in this chapter are mine, unless otherwise stated.

fairly swift manner, and with minor modifications passed the law in late 2012. The law entered into force in 2013.

This chapter analyses what happened during the process of drafting and passing the law. It describes how the process evolved, and which parties were the relevant actors shaping and steering it. It shows how the initial critique of inadequate services and deficient resources was turned into an issue of lacking regulation, administration and governance, and how this hegemonic view faced some opposition which nevertheless was repressed. It explores the recognition, redistribution and representation dimensions of the process and shows that despite the critical nature of the debate at the beginning of the legislative process, the competing articulations of what the problem was about were dismissed. Thus no political struggle emerged in a way that would have allowed for competing justice claims over elder care to be decided upon politically. The chapter argues that it was the power of the hegemonic discourse that (re)framed the issue as one of insufficient regulation which meant that the resulting law was merely reformatory, status-quo supportive, not transformative in any way. The process witnessed some (limited) recognition for elder carers and care receivers, but very little redistribution was allowed. Representation seemingly extended to all relevant parties and actors, but because the issue was so successfully framed as one of regulation structures, all more critical voices and criticisms were dismissed.

## **4.2 Deciding about and drafting the law**

### **Scandalous care service - The reports to the ombudsman**

In the spring of 2009, the parliamentary ombudsman, Riitta-Leena Paunio, commissioned the social welfare and health departments of the County Administrative Boards to report their inspection activities and observations regarding staffing levels and any shortcomings associated with the care of elderly people and the way the elderly are treated in round-the-clock care facilities.<sup>50</sup> Paunio decided to act on this issue (unprompted by any official complaint) as worries over the state of elder care services, both public and private, were increasingly voiced in the media. Despite many programmes and measures to improve the supervision of elder care, Paunio considered it necessary to look into the matter.

Paunio had received only a handful of complaints concerning elder care, but for example letters-to-the-editor pages in many newspapers had seen a recurrent theme of complaints about elder care (eoa 213/2009). People were writing, often anonymously, about insufficient care in health care wards

---

<sup>50</sup> These Boards were in charge of monitoring the social and health care sector then, but as a result of administrative reforms, were replaced by Regional State Administrative Agencies as of 1 January 2010.

and in different types of care facilities; deficiencies in nutrition, inadequate diaper changing, scarcity of outdoor activities, over-medicating allegedly due to shortage of staff, and other issues were brought up. Now the authorities in this area were to give their account of what was going on in formal elder care institutions, and in August 2009 the five boards published and gave their replies to Ombudsman Paunio. These replies included a number of observations, for example regarding sufficiency of ratios of staff to residents at elderly care institutions (henceforth staff ratios), treatment and care of the elderly (including dietary treatments, hygiene, outdoor recreation, use of medicine, use of confinement), information about surveillance and measures to remedy what was lacking, as well as the Boards' own assessments of their monitoring capacity. Paunio then discussed these results in her report which was published in early 2010 (eoe 213/2009). According to Paunio, what was at issue in these accounts was the right of the elderly to good care, and treatment that honours human dignity and basic rights, in round-the-clock care. The report did not take a stand on the structure of service provision, or deal with home care or the situation of those waiting for a place in a care home (Ibid, 3).

The Boards' reports covered both private and municipal service facilities and revealed that indeed, deficiencies in care homes were rife. The lack of possibilities for outdoor activities is presented as a widespread problem, and overmedication is an issue of concern. Restraint and confinement practices are worrying especially as there is no legislation or regulation on restrictive measures concerning the elderly (eoe 213/2009, 39-40).<sup>51</sup> The reports gave many examples drawn from their inspections and complaints from service users.

An overarching problem was the lack of resources, especially the sufficiency of staffing levels. All five reports agree that the insufficient number of personnel is a general problem, even though some facilities are well staffed and most places fulfill (computationally) the minimum requirements set in the national quality recommendation. However, estimating the sufficiency of the staff ratios by the computational numbers is problematic, according to the Boards' reports. For example, supporting staff or unqualified workers are sometimes included in the calculations, or in the name of efficiency cooking and cleaning work is transferred to care workers (and no supporting staff are hired to take charge of cooking), effectively reducing the time left for care work (for example ESLH, 4-6). Another problematic issue is the hiring of substitutes; sometimes there are no substitutes available, and some municipal units had adopted a policy of not allowing substitutes to be hired for short absences, even though the staff ratios suggested in national quality recommendations refer to actual numbers of working personnel. This causes difficulties especially in facilities

---

<sup>51</sup> In late 2014 a government bill (HE 108/2014) to introduce legislation on these issues was being handled in the parliament.

where the staff-ratio is low to begin with (eoae 213/2009, 36-37; ESLH, 5; ISLH, 2-3). Insufficient resources are also mentioned as a reason for some of the critiqued practices: diapers are not changed often enough due to the shortage of staff, or, instead of taking the elderly person to the toilet, s/he is asked to relieve her/himself in the diaper, as helping her/him to the toilet would require the work of two nurses (ISLH, 5). Often the staff simply do not have enough time to take the elderly outdoors, and especially those who are bed-bound hardly ever get to go out. Outdoor activities are further hampered by impractical and/or old buildings (LLH, 4-6; ISLH, 3-4).

In her report, the ombudsman refers to situations where the minimum staff ratio (as per the national recommendations by STM) is not upheld as unacceptable. She writes that it is vital that the minimum staff numbers are realised in all care units, and also points out that this means that all absences are covered by a substitute and enough staff are present around the clock and, furthermore, that the changes in the care needs of the elderly are also duly taken into account in staff numbers (eoae 213/2009, 37). She draws some conclusions as to what she deems necessary for the Ministry of Health and Social Affairs to attend to in order to rectify the situation. In addition to the reports of the County Administrative Boards, Paunio also refers to other reports, bulletins and research on the issue.

The ombudsman is the authority who exercises oversight to ensure that public authorities and officials (and other parties performing public functions) observe the law and fulfil their duties, with the aim of ensuring good administration and the observance of constitutional and human rights. In line with this aim, the report discusses the issue in terms of basic rights, human dignity, humane treatment and personal freedom (for example eoae 213/2009, 37). The report also raises the point that a further question remains as to of what kind of care we want older people in institutional care to receive, on top of the minimal requirements. 'If we call for care that is more individualised, stimulating and overall of better quality, then this must be taken into account also in the recommendations and regulations which are the basis of evaluation for the authorities' (ibid).

In fact, Paunio implicitly points here to the political nature of what is seen as acceptable or good care. Whereas basic rights and a commitment to human dignity already set the minimum requirements for care,<sup>52</sup> whether or not it is possible to offer 'better quality' care is down to the political decisions that are taken. And recommendations and decrees must then follow this political decision. As we will see, the political discussion and legislative process that followed the publication of the County Administrative Boards' reports avoided explicitly making these decisions and commitments. This, I argue, was because there was no political will to make the economic commitments to redistribution that would be necessary to actually execute a decision to guarantee better quality care. Nor was there a declaration that

---

<sup>52</sup> These values of course having also resulted from political processes.

more of the costs of care should be borne by individuals and families. Instead of openly debating the level of care we should commit to as a society, the discussion became about how to best administer and govern elder care. No open political conflict over resources emerged.

Finally, it should be noted that the ombudsman pointed out that the supervision and the reports of the Boards are not comprehensive, and many deficiencies might also not have been noted. Thus, a definitive appraisal of elder care services cannot be made solely based on these reports. Additionally, it was noted that many care facilities were shown to already be providing good care (Ombudsman 2009, 3-4, 36).

### **‘The biggest challenge facing Finnish society’ discussed in the parliament**

The publication of the Boards’ reports represented an official recognition of the fact that elder care services were in many places lacking in quality and resources. A lively discussion in the media ensued, and the tabloid press in particular presented the issue as scandalous. But also for example the national broadcasting company (YLE) presented headlines such as ‘Elderly over-medicated and under-cared for’ (Sommar 2010).

In September the minister of health and social services at the time, Paula Risikko of the National Coalition party, admitted that the deficiencies were real, and that the time had come to start preparing and realizing a new (elder care) law. She also pointed out that one of the problems in the field has been the total lack of national supervision of the social services. This situation was already being amended as *Valvira*, the National Supervisory Authority for Welfare and Health, had recently been set up and was about to start its operations. She further emphasized that municipal decision-makers ought not to touch resources for elder care services under the cover of the recession (YLE 2009).

On top of the pressure from the Ombudsman Paunio and the media, in September 2009 the parliamentary opposition (at the time mostly from the Social Democratic Party and the Left Alliance) filed an interpellation on securing the rights and care of the elderly (VK 3/2009; PTK 80/2009).<sup>53</sup> The interpellation referred to the reports of the County Administrative Boards, quoting some of the disgraceful examples from them. It identified numerous

---

<sup>53</sup> Finnish governments during the last decades have been based on super majority and cross-bloc coalitions, leading to a system characterized as stable majority parliamentarism. For example, the so called ‘six pack’ government, during whose power the elder care act was passed, and which was formed after the 2011 elections, had six political parties, leaving only two parties in the parliamentary opposition. This means that the opposition basically knows that an interpellation will not result in government being voted out of office. As a result, the main function and objective of interpellations is rather to raise the profile of the opposition parties and to stimulate debate. The last time a vote of no confidence following an interpellation led to cabinet resignation was in 1958.

reasons for the problems of elder care: in addition to staff deficits and the economic difficulties of the municipalities, the shortcomings in the organization of work, hiring of unqualified staff, incoherence of the service structure and the lack of resources for supervision were named as contributing to the dire situation. The interpellation noted the way carers' ability to cope was threatened by,<sup>54</sup> on top of doing their own work, having to make the prioritising decisions that would in fact belong to the management and supervisory staff, and thus having to face on a daily basis the ethical struggle caused by adhering to practices that were not up to their moral standards. The strain of this was seen to cause exhaustion, which in turn led to increases in sick leave. In addition, the interpellation pointed out that there were elderly people weak in health, who had to hold out at home and who did not get the services they would really need. Again, staff shortages were named as a problem here, as well as the significant deficits in family care allowances in many municipalities. The interpellation mentioned that the problematic situation of elder care has been known for a long time, that all the political parties want to improve the situation, and the governmental platform promises to secure the right to good care for the elderly population. Yet, not enough had been done. Finally it concluded that that it is important to ensure the qualifications of care staff are in order and the attractiveness of care work is promoted; the problems in organizing elder care, it was underlined, are not getting easier as the population is ageing, and only an elder care law and sufficient extra state subsidies for the municipalities to execute the law will guarantee equal municipal services. The interpellation asks what immediate measures the government will take to make a law that secures basic rights and good quality services for the elderly, and to secure the resources to realize the law.

As per the standard procedure, the interpellation was sent directly to the government, and the reply was given in a plenary session the following week. In her reply the responsible minister of health and social services, Paula Risikko, conceded some of the claims made in the interpellation, but also argued against it (PTK 84/2009). The minister started her reply by referring both to the growing elderly population and the economic recession, stating that '[t]his is the biggest challenge facing Finnish society'. The topic of the interpellation was important, the minister agreed, but she denied the impression given therein that elder care services were, as a rule, in bad shape. She said that to claim so was offensive in particular toward those working in elder care services. Yet, she admitted that there is much to improve, and differences between regions and facilities are too big. But, she said, the question is not always about money, but according to reports (not specified which) care in the health care units which use most money is not always of the best quality. Thus, the question is rather about how services are

---

<sup>54</sup> The Finnish word used was 'hoitajat', literally 'carers', which is used in reference to unspecified/all type of nurses and carers.

organized and how work is done, she said. Referring to a report by THL (National Institute for Health and Welfare) she argued that in fact the quality of services has improved and practices have gradually changed toward maintaining the elderly's ability to function, and for example, the use of sleeping pills and psychosis medicines has decreased.

Risikko asserted that what needed to be done now, however, was to remove regional differences in the quality of services, make services respond better to individual needs, and prepare in time for the increase in the number of elderly people. Providing for these changes requires numerous measures, the minister continued, a single law or money on its own would not suffice, but adequate resources, qualified staff, professional management, national supervision and reforming the service structure in more elderly friendly direction would be required. The minister then listed measures being taken by the government to strengthen the economy of the municipalities, arguing that the government has supported the municipalities significantly. She pointed out that the municipalities have an opportunity to improve their economic situation, for example by raising property taxes, although she also admitted that the recession will cut the municipal tax revenues. She noted that increases in the numbers of personnel in elder care have been smaller than what the (non-earmarked) state subsidies meant for this would have provided for. The minister highlighted the increases in study places for care work, but said more still needs to be done concerning education. She mentioned other improvements concerning elder care that the government has made, for example setting up various programmes to develop elder care services. The issue of family care was also taken up by the minister, and she explained how despite a recent law on family care allowance and other improvements, differences between municipalities have not disappeared, and thus the allocation of said allowances is planned to be moved to the social insurance institution Kela (that is, to the national level). The absence of a national body for the supervision of social and health services had also recently been rectified.

The minister then discussed the development of national quality recommendations on elder care, and said that whilst some municipalities follow these recommendations reasonably, others show obvious shortcomings. Therefore it is justifiable to estimate that mere quality recommendations are not enough and a law on elder care services is needed to put some of the recommendations into law, gather together different regulations concerning services for older people, and to create a basis for supervisory authorities to monitor the quality of services. The law should strengthen the position and self-determination of the customer, but this law cannot include unambiguous instructions for all situations, thus further recommendations will be needed in the future as well. Finally, she promised that the government would start preparing the elder care bill, and that a draft would be ready by the spring 2011.



**‘I don’t understand what the point of this interpellation is, because we agree about everything’**

The debate that followed the minister’s speech in the Parliament was long and heard dozens of addresses.<sup>55</sup> All parties were represented. First, the opposition defended itself against the minister’s claims and emphasized that the interpellation did not claim all care is bad, but that serious deficiencies exist in some areas. The challenge, MP Tarja Filatov (the first signatory of the interpellation, SDP) argued, is the quality and quantity of care, and often quality is tied to the number of staff. Sometimes, insufficient care is due to lack of skill too, or to inadequate premises. Filatov demanded that the law should secure sufficient staff ratios in care homes, so that humane care can be realized. She said that elder care is also always about the realization of human dignity and equality. Furthermore, she said, the question also concerns the equality of the sexes, as most of those in need of institutional care, and those providing the care, are women. She argued that the current state subsidies are not sufficient, and that more resources are needed. The diminishing tax revenues threaten to aggravate the situation: ‘It cannot be that humane care is only attainable for those whose family/relatives can finance humane [treatment] as a “paid for supplementary service”’, Filatov insisted. She criticized, moreover, the points the minister had made as to all the objectives set and measures taken to improve the position and services of the elderly: she insisted that the lived reality in the municipalities shows everyday life going in the opposite direction, with the problems of the elderly at risk of becoming critical. She also drew connections between care and working life, remarking that ‘we ordinary working people should not have to put up with work eating up all the time we have and robbing our lives of intimacy’. Arguing that we need a ‘social contract’ that obligates the municipalities to act on this issue, she criticized the government for insufficient measures, and referring to a recent expansion of the service voucher system, claimed that it looks like the government is increasingly relying on private services markets, and heading toward internationalization and big business where money speaks. She asserted that elder care and health care cannot be built ‘McDonalds style’.

There was general agreement that this is an important issue, and many framed the issue in terms of human dignity and humane treatment, justice and rights. MP Outi Alanko-Kahiluoto (Greens) referred to a recent report on

---

<sup>55</sup> All quotes and references in this section refer to the minutes of the debate, PTK 84/2009. The party of a named MP is indicated by abbreviations of the full party name: Centre (for the Centre Party), Finns (for the True Finns, who later changed their English name to the Finns Party), Coalition (National Coalition), SDP (Social Democratic Party), Greens (The Greens), Left (Left Alliance), KD (Christian Democrats), RKP (the Swedish People’s Party).

human rights, positing that instances of neglect in elder care might constitute human rights violations. Some emphasized that elderly people are not a homogeneous group, and that in fact the elderly should be seen as a resource for society. It was demanded that sufficient public services be secured to guarantee the elderly respectful treatment, where individual needs are taken into account. The growing elderly population and the tightening budgets (due to the recession) were also repeatedly mentioned, as was the prevailing regional inequality in the services. The MPs also referred to individual cases they knew or had heard of, or which the County Administrative Boards' reports mentioned. For example, they discussed cases where the lack of resources leads to substituting medication for rehabilitation, but also examples of good practices and facilities – for instance stimulating day center activities – were brought up. Family care was taken up by several MPs, who emphasized its value and importance. The money it saves was mentioned, and equality in the allocation of the family care allowances was called for. The insufficiency of home care (supplied by municipalities) was also mentioned, and the loneliness and the worrying numbers of suicides among the elderly was brought up. The question of how to combine the growing family (elder) care responsibilities and work was mentioned for example by MP Päivi Lipponen (SDP), who referred to an earlier private member's bill on the issue of unpaid care leave for family (elder) carers (LA 123/2007). The strain on care workers was discussed, and worries were voiced over the availability of professional care workers and the cost of sick leave due to exhaustion. The need for better management, supervision and monitoring of care services was underlined by several MPs. Many calls for attitudinal change toward the elderly were also heard; ageing is not a disease, some pointed out, but a natural part of the life cycle. Filatov (SDP) talked about this in terms of 'positive governance of ageing'.

The conflicts of municipal and state-level governance and resource management were mentioned many times. The municipalities were reprimanded for using the state subsidies meant for elder care for other purposes. Recognition of care workers, home and family carers and care as part of our lives was articulated numerous times. In other words, the importance of the issue as such was not challenged, and the diagnosis of the situation was by and large agreed upon by all. The opposition-government division came up in two senses: 1) The opposition MPs claimed (as can be expected) that the government is not doing enough, and/or that the measures the government has taken are not working in practice, as the reports to the ombudsman testify. The government MPs on other hand stressed the fact that many indicators show that the trend is toward better quality care, that the deficiencies and neglects are individual cases, and argued that the government is doing a great deal. 2) The opposition was more eager to demand more money and resources for elder care, whereas the government MPs emphasized somewhat more that it is not only about money, or that money alone does not guarantee good care.

The ideological differences related to these divisions were brought up by some addresses: for example opposition MP Valto Koski (SDP) emphasized the need to maintain public services and blamed the government for implementing tax reliefs and reforms concerning private social and health care, claiming that the government's bourgeois ideology is showing in their economical cornering of the municipalities and privatization of the services. 'There's a big market in elder care, and the business world has noticed this', he remarked. Two MPs drew parallels between the notorious history of pauperism (*huutolaisuus*) and the current outsourcing and competition in elder care service (Kuoppa, [Left]; Pulliainen, [Greens]). 'This competition is a new name for the pauper system that used to be the way to handle elder care in Finland back in the day', MP Mikko Kuoppa (Left) declared. MP Ilkka Kantola (SDP) looked at the issue in the context of the Nordic welfare society,<sup>56</sup> where a central idea is that a person's 'social security and appropriate care are not dependent only on the family/relatives. This model aims to bring sufficient security to all elderly people, independent of what kind of family s/he has'. MP Hannu Hoskonen of the Centre party (in government) instead deplored that 'normal family connections between generations have been lost', causing loneliness and social exclusion, and these will not be fixed by any kind of care. He proposed that every Finnish person, including MPs, is responsible for keeping in touch with his/her family. MP Reijo Paajanen (Coalition) stated that we need 'structural changes' and 'new service producers, new service models, and the private sector in this situation is an excellent thing, even though it is very much opposed from certain quarters'. MP Anne Kalmari (Centre) put the issue in terms of the elderly dependency ratio, and declared how '[t]he truth is, the recommendations [concerning staff ratios] cannot be much higher'. Therefore, according to her, the civilized principle of community and responsibility of the family and relatives must be discussed, and supported by political means.

Thus, a number of competing frames as to what the key problem is emerged over the long debate. These concerned the role of the state, the markets, and the family; predictably, the critiques of market solutions were voiced from the left, whereas emphasis on the potential of private business and the responsibility of the family was emphasized by the centre-rightwing parties. Yet, these somewhat opposing views did not get much attention, and the debate did not focus on them; mostly the MPs were in agreement that the state must act to improve the lot of the elderly. As government MP Sirpa Asko-Seljavaara (Coalition) put it: 'I don't understand what the point of this interpellation is, because we agree about everything'. Similarly, opposition MP Martti Korhonen (Left) noted how 'we're all involved in [improving the lot of the elderly]', and in that sense '[t]his is not a government-opposition

---

<sup>56</sup> In the interpellation debate the terms 'welfare state' and 'welfare society' were both used, welfare society somewhat more often.

question'. Furthermore, the ideological divisions that came up were not always clear: for example, minister of social affairs and health (that is, the second minister of STM), Liisa Hyssälä (Centre) pointed out that privatisation has also been going forward in municipalities where SDP is in power. MP Saara Karhu (SDP) appealed to the fact that the country's welfare was built on the hard work of the older generations, indicating that they deserve better. Centre party MP Kalmari stressed that human dignity is not dependent on productivity. Government party MP Håkan Nordman (RKP) noted that citizens have consistently in polls shown willingness to prioritize good services over lower taxes. Accusations of unjustified rhetoric were also voiced from both sides and points made about the undertakings and failures of previous governments.

Overall, the parliament was in agreement that it is necessary now to rectify the deficiencies, neglect and inhumane treatment (be it single cases or a more prevalent problem) that had been revealed. Some disagreement was evident as to the best way to do so, but this largely remained on the level of individual points. No clear dividing lines emerged. Recognition for care receivers' rights, and care workers (both formal and informal) was called for. The redistribution side of the issue was touched on by only a few MPs; improving the situation was rather seen to be more of a problem of attitude (of municipal decision-makers for instance) and general disregard, or bad organization and management.

The largely shared conclusions which emerged in the parliamentary debate were, firstly, the diagnosis that deficiencies in elder care are real and must be addressed, and secondly, that the way to do so is through better and more binding regulation, that is, that a new law is necessary. It seemed to be agreed also that adequate resources must be secured, especially to make sure there is enough professional staff. But the question over costs was not discussed in length, rather, it was stated on a more general level that resources must be there.

The interpellation debate also did not raise many specific or concrete arguments about the content of the coming law. The discussion remained on a more general level even though the need for more binding regulation was alluded to by many MPs. As MP Sari Sarkomaa (Coalition) towards the end of the debate put it: 'I would have expected there to be more addresses concerning what [kind of things] should be in the law.' For her own part, she advocated for councils of older people (as did, for example, MP Söderman [SDP]). Some concrete demands were raised however: mainly opposition MPs (Kangas and Tiusanen [Left]; Jääskeläinen [Finns]; partly also Alatalo [Centre]) wanted to bring back earmarked resource allocation, or at least utilize them in this case to secure resources for elder care.

Some MPs also clearly demanded that the staffing criteria and minimum ratios should be set in the law (for example Alanko-Kahiluoto [Greens]; Taimela and Taiveaho [SDP]). MP Satu Taiveaho (SDP) also wished that a right to enjoy the outdoors would be set in the law. Minister Risikko

disagreed about the minimum staff ratios, as did for example MP Markku Pakkanen (Centre), during whose address MP Raimo Vistbacka (Finns) shouted a contrary point: 'if there is no subjective right, nothing will happen!' In the same vein, MP Päivi Räsänen (KD) pointed out that 'presently care guarantee is not realized, because the law only guarantees an access to the estimation of social service needs, but not the services themselves. Now we really need the law to guarantee those services'.

### **Drafting of the law begins amid a multiplicity of reforms**

While the whole question of elder care had already been a long-recurring theme in the parliament, and the need for reforms and improvements of the system (many were ongoing) was already agreed upon among experts in the field (I7, 1; STM 2009a, 2),<sup>57</sup> the reports to the ombudsman, the media debate and the interpellation that followed were the final straw that finally pushed the government to take further action specifically on elder care services. Thus the drafting of the elder care law began. It was not in the government programme at the time. It was also the view of the civil servants who were drafting the law at STM that the media debate, especially following the publication of the reports to the ombudsman, played a significant role here. Civic activity concerning the issue was also seen to have contributed to the increasing attention given to the issue (I1, 1; STM 2009a).

At the same time, other reforms of the social and health care sector were also being carried out. Possibly the most significant was the general reform of the social welfare legislation at the Ministry of Social Affairs and Health (still ongoing in late 2014). The progress report (STM 2010:19) of the working group preparing the reform reveals a willingness to hold on to the universal social service system, but also emphasizes the importance of allocating welfare services to special groups. This tension is reflected especially in the question of how to respond to the service needs of different age groups. The premise of the reform of social services is the Social Welfare Act, and the simultaneous preparation of a separate law concerning the elderly is seen as problematic; there is a risk that the proposed elder care law would put people with restricted capabilities in unequal positions, depending on their age. On one hand it was a question of positive discrimination of frail aged people whose ability to function has weakened, on the other, it was about preventing age discrimination and developing an age-friendly society, so that everyone is guaranteed the right to dignified old age and good

---

<sup>57</sup> For instance, the Ministry of Social Affairs and Health had discovered in early autumn 2009 that the service recommendations had not sufficiently effected the desired improvements in service structures in terms of their ability to respond to the service needs of the growing elderly population. Minister Risikko had already in August 2009 stated that legislation on services for the aged is needed (STM 2009a, 2-3; STM 2009b, 1; I1,1).

treatment irrespective of their need of care and services, or the place they live.

Thus, the starting point for reforming the regulations concerning the elderly was tied to the overall principles driving the activities of this working group. Promotion of welfare, participation,<sup>58</sup> independent living, narrowing the gaps in welfare, early intervention to prevent problems from escalating when the ability to function has lowered, and access to the estimation of service needs as well as securing sufficient services were emphasized in relation to the elderly population. (STM 2010:19, 46, 54-56) The report also refers to the role of the European Union in shaping social policy, as the Commission wants to put the focus of social policy on the future and on the prevention of problems. Instead of universal solutions, the emphasis is increasingly on means-tested customization and 'individual possibilities'. Concurrently the markets are getting a bigger role as actors in the welfare state (STM 2010:19, 30). The decision of the government to prepare a separate law concerning the elderly was acknowledged as restricting the premise of the working group's project.

But even the plan for the new social welfare act was not going to deal comprehensively with all aspects of social welfare; instead, it was to focus on the content and coverage of the services, and such things as financing, procurement, personnel policy and monitoring were left out of this reform. These issues were dealt with separately, by another working group which was preparing a reform of social and health care legislation concerning organization, development, and supervision (henceforth: service organization working group) (STM 2011:7).<sup>59</sup> As this latter group notes in its report, the costs of social and health care services make up over half of municipalities' expenditure. Elder care services account for a significant part of these expenses. Guiding principles and the way in which resources are put together and directed to different uses, such as for elder care homes, vary from one municipality to the next. The main financial sources are state and municipal taxation, mandatory and optional insurance charges, and employer and client payments. For elder care, municipalities finance 80% and households 20% of services, through taxation and client payments respectively (STM 2011:7, 20-21). The report also points out that the financial situation of municipalities has been chronically tight. The municipal tax rate has risen annually and the loan stock has grown 2.5-fold within the last 10 years. This is partly due to the fact that municipal responsibilities are

---

<sup>58</sup> 'The client is not taken as an object of activity; rather, the premise is that s/he must always have the opportunity to take part in the planning of his/her social welfare services, and in the decision making concerning the implementation of the services' (STM 2010: 19, 46, my translation).

<sup>59</sup> The service organization working group gave its final report (STM 2011:7) in April 2011. The process has since continued with a new working group appointed in 2013, and a government bill introduced in 2014.

exceptionally high in Finland, as municipal expenses are approximately 40% of all public sector expenditure (STM 2011:7, 21). The report states:

without raising the productivity of basic services and stopping the growth of municipal statutory responsibilities, and on the other hand reducing their number, the municipal economy will [due to growing expenditures which come with the aging population] face a negative trajectory and big increases in taxation.

(STM 2011:7, 22)

The situation of the regional organization structure of the social and health services further complicated the picture, with big reforms of the whole municipal structure planned. In 2011 the situation was chaotic, and in practice the skeleton law (*puitelaki Paras*) that governed the project to restructure local government and services made the situation even more incoherent, particularly for social services. (STM 2011:7, 30). And yet another working group was preparing legislation on self-determination and use of confinement and restraints; this was one of the issues often raised in the recent debates on elder care, but was left out of the agenda of the elder care bill because it concerned other groups in addition to the elderly and was tackled separately (I1, 3).

So the drafting of the elder care bill, an act which was meant to strengthen the rights of the elderly to care services, was being drafted in the same ministry where another working group was declaring a need to reduce municipal responsibilities. It was also acknowledged by the service organization working group that possibilities for substantial increases in productivity of municipal services are limited, simply because the services in question are very labour-intensive. Also, the shrinking workforce as such means that municipalities cannot hire significantly more staff (STM 2011:7, 22). In any case, here we have the challenge that was at issue in elder care: on the one hand there was a wide recognition of the need and right of the elderly for (better) care services (articulated in the demands for a new elder care law), on the other hand there was a clear lack of resources to make these rights a reality (as articulated for example by the other working groups reforming social welfare at STM).

The service organization working group makes clear that maintaining the financial sustainability and securing the resources of the welfare state in the context of the worsening dependency ratio is the key challenge here, and the uncertain global economy sets its own boundary conditions to which Finland has to adapt. But it remains unclear whether the proposed solutions will solve the problem. The group's report calls for a common resoluteness (*tahtotila*) of all parties to overcome this challenge (STM 2011:7, 22, 32), but it is difficult to see what this means in practice, if anything. A structural reform of the current system is inevitable, and all parties seem to agree on this, although the exact format of these structural reforms is not quite clear. The ministry report also argues that organizing and financing responsibilities

should be united by the same body, and that the current system needs to be simplified – and the fragmented organization fixed – to improve management. Promotion of health and welfare is pivotal too (STM 2011:7, 27-31, 61). It points out that as the expenses of organizing social and health care are high and it is difficult to realize services in such a way that all needs would be met, deciding on the quality and quantity of services is a political question (ibid, 61).

The report concentrates on clarifying the multiple issues that must be tackled in relation to organizing and financing social and health care, and emphasizes in particular the effects of the developments in population structures on the need for both services and staff. It also discusses themes such as multiculturalism and migration, and the appeal of the social and health service sector as employer. The working group presents its view on how social and health care should be organized, developed and monitored and recommends three alternative models for financing services, but these are very preliminary and concern mostly the municipal structure. Attached to the report is a dissenting opinion concerning health insurances. The dissenting group member assures she is in agreement with most of the report, but also articulates a significant point about the report:

While the working group has assessed some of the links of organizing and financing responsibilities, it has hardly had any time to concentrate on the questions of financing. As the report brings forth, organizing structures and through it financing structures, depend on many other quarters and decisions, which is not in the hands of the working group

(STM 2011:7, 78)

The redistribution side of the issues at hand in elder care thus kept fleeing the grasp of any of the working groups. Who then decides about the financing? I will return to this question in due course.

The development of monitoring systems for round-the-clock elder care facilities had also begun by 2009, and in January 2010 an implementation programme of the supervision plan was completed in Valvira, the National Supervisory Authority for Welfare and Health, which had been recently set up. The goal was to standardize supervision work, and to create a systematic, extensive monitoring system to control the realization of minimum targets in service quality (eoa 213/2009). Valvira was to fill an important role as a national coordinator of supervision of social and health care, under the highest actor of the regulatory system which is still the Ministry of Social Affairs and Health. With limited resources for supervision and monitoring, and the increasing level of private provision, private producers' self-monitoring had for some time been required and largely relied upon as monitoring devices. The departments of health care and social services of the local authorities are also in charge of monitoring the private providers from whom they purchase services. How and to what extent they do it varies. The



Regional State Administrative Agencies (AVIs) have primary responsibility for supervision in their own regions (Karsio and Anttonen 2013, 104).

### **Unusual process**

The initial preparatory process of drafting the law was in some ways unusual. First, the fact that the law was not in the government programme of the time meant that the prospects for how the law would turn out were not restricted because of it. This meant that the potential for participatory preparation to affect the contents of the law were better than normally. Indeed, as Rantala (2011) and others have argued, a key factor which limits the realization of high-quality participatory law drafting is the role of the government programmes: these have become ever more extensive, detailed and binding, and include quite specific objectives for new laws. The problem here is that without sufficient leeway content-wise, it is difficult to promote the possibility for interest groups and stakeholders to influence the process of law drafting. Little potential remains for alternative regulatory measures, for transforming the direction of law reform, or for extensive deliberation of substantive solutions. Furthermore, the creation of the government programme itself is a closed process (Tala et al. 2011/OPTL 21/2011; Rantala 2011).<sup>60</sup> In the case of the elder care law, the process was from the outset not delimited by the government programme in such a way.

Secondly, since the reforms of the 1990s in state administration, the hearing processes related to law preparation, too, have changed. The extensive state commission system has been substantially dissolved, as need for a more effective and rapid policy preparation was sought in the context of the economic recession. Preparatory tasks have been laid increasingly on the shoulders of civil servants, and new, lighter forms of participation have been developed. Consequently, Finnish policy preparation today is a mix of older and newer forms of preparatory styles, with different frequency and mechanisms for consulting stakeholders (Hoppania and Holli 2015, 53-54). In this context the preparation of the elder care law was a notably extensive and collaborative process.

Reflecting the high profile the issue had gained, minister Risikko assembled an Age Forum (*Ikäfoorumi*) to prepare the elder care bill. This was an informal group comprising a wide range of experts and representatives of interest groups, who were invited to take part in the preparation of the bill. For example, professors of gerontology, legal experts and representatives of supervisory organizations – as well as of pensioners' and elderly people's associations and organizations – were invited. The group met in different configurations, both all together and in smaller

---

<sup>60</sup> Broad coalition governments (typical in Finland in recent years) are a partial explanation for the extensive government programmes, as the diverse parties negotiate various issues and make compromises to join the government.

combinations, for example subgroups of just experts, or representatives of associations. When the subgroups met, the whole group was also informed of their meetings (I1,2). When the first draft was ready and published in March 2011, it was sent out for a round of comments to other interest parties and groups. Anyone interested could give a statement. This way of hearing was also atypical (I1, 3), reflecting both the importance of the issue and the unusual way the whole process had begun outside the government programme. Comments for the second draft were collected in a similar way.

Thirdly, in addition to gathering written comments, the secretariat of the working group collected further feedback through visits to municipalities (*kuntakäynnit*), together with representatives of Kuntaliitto, the Association of Finnish Local and Regional Authorities. The aim of the visits, which took place before the drafting of the second version of the bill, was to produce advanced information concerning the views of the municipalities regarding the law, to evaluate the costs and other effects of the law, and to promote and support the implementation of the coming law. Eight visits were made to expedient municipalities and federations of municipalities (STM 2012:12, 12).

On the whole, the process was thus unusually thorough and participatory. The timing of the law preparations also affected the process: as the ministry was working on the first draft of the bill, general elections were approaching (they were held in April 2011). The future of the bill then would also depend on the result of the election and what the coming government would commit to in its platform.

### **The first draft**

The first draft of the bill (STM 2011b) focused on strengthening the rights of the elderly (defined as those over 75, and younger when appropriate) to an evaluation of service need and to receive the services which are deemed necessary by this evaluation, either at home or in an institution. The draft states that an evaluation and the services are to be given without delay, and sets some time limits in this respect. Services are to be needs based, customer centered, safe and of good quality. The draft also brings together a number of existing laws and regulations concerning the elderly. There is a shift of focus toward preventative services to improve health and viability, and a strengthening of the leverage of the elderly in matters concerning their own life; for instance a council for older people is to be set up in each municipality. The municipalities are required to cooperate with other authorities to promote the health and welfare of pensioners, and to draw up a plan to this effect and to organize and develop the services the elderly need. The only direct measure in the draft to assure the quality of caring is an individualized responsibility of care workers to inform the authority in charge of any defects, or evident threats of defects, in the care services. The authority in question must then report to AVI (the regional monitoring

agency) if the situation is not remedied without delay. The municipalities are also required to name a responsible employee for each person whose service needs have been evaluated; this worker must be adequately qualified and is put in charge of organising and managing the service package of the elderly person designated as his/her responsibility. There is an article, as well, on the principles which should direct the implementation of services: support for rehabilitation and managing independently, prevention of further service needs, and securing a safe and valuable everyday life (including quality services) are mentioned. The services are also to be organised in such a way that the aged person can live at home, or in a homelike environment, as long as possible.

The detailed justifications for the draft act explain the reasoning behind the articles: for example the measures to promote health and welfare are justified by their effects on service needs which in turn affect the cost of services and their financial sustainability; the health and welfare of the elderly population are considered more decisive factors affecting the overall service need than the increase in the number of elderly people as such. The promotion of health and welfare is presented to the municipalities as a '*profitable investment*, whose benefits are not necessarily realized in the short term, but will show in a longer perspective' (STM 2011c, 8, my emphasis).

The issues that were largely left outside of this first draft include the challenges of sufficient staffing, resources and organisation (including procurement), and quality standards of care. Considering that the discourse and scandals that were fuelling the fire to get a separate law on the elderly in 2009 were specifically focused on the issues of sufficient staff and quality of care, this seems peculiar. Also, the situation of family carers is not dealt with in this Act. But as is discussed above, the explanation for the limited scope, according to the civil servants, lies in the fact that the law was prepared as a part of wider social and health sector reforms. Issues relating to elder care were also being dealt with in other ongoing reform projects, and the division of labour in these different projects explains why many issues were left out of the draft for an elder care bill. The other reason for the limitations of the first draft comes from the implied (in many places) and at times explicitly stated 'fact' that continuing on the current track in the way services are organised will simply not be possible in the future as the dependency ratio worsens. That is why when the care of the elderly is to be structurally reformed (to improve the admittedly faulty situation) it cannot happen simply by strengthening the existing services, or guaranteeing the right to the existing service structure.

This reasoning is based both on the lack of money (due to the recession) and the lack of hands, that is, human resources, which would not be available, it is implied, even if the money were there, because of the demographic structure. The political pressure to improve the situation of the elderly as soon as possible with a separate act thus complicated the planning

and preparing of the more general reforms of social and health services. The background assumption marking the whole process was that some dramatically new ways of organising elder care were required because the old system was simply unsustainable, in particular in its reliance on institutional care. In the interpellation debate these new ways were sometimes alluded to, with calls for changes in attitude and for everyone to take care of their family members better, and so on. But these wishes are not made into explicit demands, as nearly everyone seems to also want to hold on to the universalistic ideals and promises of the welfare state. As the following will show, these contradictions were not publicly articulated into competing political claims in the process of drafting and passing the bill. There were few attempts to transform the demands of change (for example concerning family care relations), or arguments for redistribution, into concrete political demands. Or when these potentially conflicting viewpoints were presented, they were dismissed and sidelined by those in charge of the process.<sup>61</sup> Nor was the overall division of labour in the Ministry concerning the different law reform projects challenged.

### **Comments on the first draft**

The first draft of the bill received 127 comments, of which 94 were from those originally invited to give a statement, but as the invitation was expanded to be open to anyone interested, the number increased. The statements received were varied, from comments concerning a single article or issue to statements commenting on each article and/or discussing topics which were left outside the draft. A summary of the comments was published on the ministry website (STM 2011d). 36 commenters were in favour of a separate law concerning the elderly, but 14 argued that the legislative process concerning the elderly should be matched with the other ongoing legislative projects, especially the reform of the Social Welfare Act. For example Kuntaliitto explicitly stated that no separate law concerning the elderly should be enacted (STM 2011d, 3). Many emphasized that social and health care services should be better integrated in law. A quarter of the statements discussed the role of staff ratios and personnel resourcing, arguing that clauses concerning the number and/or structure of staff should be included in the law (Ibid, 4). The definitions and concepts used in the draft act were commented on, and the age limits problematized. 18 per cent stressed that adequate resources must be secured for the municipalities to implement the law (Ibid, 5). Nearly all statements saw the provisions concerning promotion of welfare as necessary. 13 per cent were in favour of obliging the municipalities to draw up a plan concerning promoting the welfare of the elderly, however some others worried about increasing the administrative tasks of the municipalities. Stricter provisions were recommended

---

<sup>61</sup> I will come back to how this is done later on.

concerning for instance preventive home visits (Ibid, 6). Nearly one third of the statements agreed with the requirement for every older person who is receiving regular services to be appointed one employee who is responsible for managing their care plan. Evaluation of service need was discussed in some of the comments, and the service plan (based on the service need evaluation) in particular caused worries in relation to its legal nature and validity: would it be a binding document, an administrative decision that entitles one to the services, or something else? Similar worries were discussed in relation to an article concerning the right to services (Ibid, 7-8). Whilst some contributors understood the draft as creating such a subjective right to services for the elderly, others pointed out that it remains unclear whether this is the case. The Assistant Parliamentary Ombudsman also considered the draft obscure as regards the judicial nature of the service plan, and emphasized that the law should be clear on this matter (C1, 9). Specification for certain concepts such as care and rehabilitation (*hoiva, kuntoutus*) was required and the age limit of 75 was discussed, with some considering it too low, others too high, and yet others finding it unnecessary (STM 2012:12, 11).

Positive feedback was given in particular on the provisions concerning the promotion of welfare, health and ability to function; on naming a responsible employee to realize the rights of the elderly; on the comprehensive investigation of service need, and on the provision concerning the councils for older people (STM 2012:12, 11-12).

The civil servants at STM had anticipated most of the more direct critiques and demands concerning the first draft; these consisted largely of demands that certain things also be included in the law: the staff ratio, setting up the post of Ombudsman for the Elderly, regulations about client fees, and regulations concerning use of restraints. It was also demanded that the question of family care be included in the law, for example by the Association of Care-Giving Relatives and Friends, who argued that as family care is such a big part of elder care it deserves to be treated in the act concerning elder care (C1, 54; I4, 3). However, as discussed above, the administrative rationality for averting these demands was based on the division of labour in the ministry, as other working groups and legal reforms were dealing with many of the issues the commenters wanted to include in the law (I1, 11). These were not seen as political disagreements. An STM civil servant also claimed that the objective of the law was to guarantee elderly people the services they need, and explained that there was discussion in the ministry about the group of people this law is targeted to. The option that the law would concern only those in 24-hour care (whom the reports by the County Administrative Boards concerned), in other words approximately 10% of the elderly population, was also entertained, but it was decided that as preventative measures and the promotion of welfare were the key principles in social services more widely, it would be better to make the law wider too (I1, 4).

Thus already here the objectives of the law are made wider than just fixing the causes of the scandal or simply improving the quality of care in existing structures and institutions; rather, they are expanded toward improving and reforming the whole elder care system by steering the field into a new direction and expanding governance and regulation of the field. The central lessons learned from the municipal visits and the comments from the municipalities supported this approach. According to the feedback from the visits the law should support the municipalities a) in improving the position of the aged population and service quality; b) in allocating the services in a just way – the estimation of service need was deemed fundamentally significant— and c) in executing structural change in elder care services (STM 2012:12, 12).

Despite the overall contradictory feedback on the draft bill, central critical themes can be specified; these were in clear contrast to the approach taken by the ministry in the first draft law, and came up repeatedly: firstly, demands for clearer definitions and concrete rights were expressed, often as a demand for a clear subjective right to services (for example C1, 5; C1, 9; C1, 13), although some contributors interpreted the draft law to actually create such a subjective right (for example C1, 19). Secondly, properly secured improved resources were demanded for elder care services. Some tied the need for improved resourcing to the subjective right (C1, 66), others to staff ratios (C1, 79), yet others discussed the financing responsibilities of the state and the municipalities, asking for clarification of these duties, or suggesting that ear-marked subsidies should be brought back (C1, 3; C1, 25). Other demands were also articulated, such as setting up the office of Ombudsman for the Elderly (C1, 50; C1, 59; C1, 86), and criticisms were voiced about the lack of measures to secure quality:

There is not a single word about securing the quality of round-the-clock services in the objectives of the law, which, according to our view, is the issue that the demand [for the elder care law] aimed to address.

(C1, 88)

Many commenters also pointed out that because of the unclear definitions in the draft bill, the economic consequences for municipalities are difficult to estimate. Kuntaliitto, too, noted that the economic effects of the law are not estimated in the justifications of the law, and suggested that the real amount will be many times the estimates publicly made by the STM. Interestingly, Kuntaliitto also comments on the argument made publicly by minister Risikko that the law will curb pressures for cost increases, because it emphasizes out-patient services (that is, non-institutional and home care services), noting that this structural change is already underway (C1, 38). Implied here is the question of whether the law will actually bring anything new to the field of elder care services. Others in their comments posed this question more directly. For example, The Finnish Union for Senior Services

argued that the draft law does not meet the expectations that it has raised and it is 'written as a cost-neutral omnibus law largely based on existing legislation. The biggest weakness of the draft law is that it does not ease the resource shortage of elder care, nor does it adequately define the rights of the aged that would ensure preventative operations, services and care' (c1, 108).

It should be pointed out, too, that whilst Kuntaliitto was throughout the process a powerful agent who was against assigning any new obligations to municipalities that would cause increases in social service expenditure, it still (like some other commenters too) also presented viewpoints which acknowledged that political deliberation and value decisions should be made concerning elder care:

Kuntaliitto considers that to secure the welfare and services of aged people requires wide-scale welfare policy and social discussion and decisions over how the responsibility for the welfare, housing and services for the elderly, and the financing of these, will be distributed between the elderly themselves, the municipalities and the state, the third sector and the markets.

(C1, 38)

As will soon become evident, the chance to have this debate and make these decisions through the process of drafting of the elder care law was lost.

### 4.3 The second round

In March 2011 an opposition MP, Päivi Räsänen (KD), asked minister Risikko during question time why the elder care bill has not yet come to the parliament.<sup>62</sup> The parliamentary elections were already round the corner. Räsänen also asked why the first draft (which by that time had been made public and was on the comment round) did not include staff ratios (SKT 289/2010). In her reply the minister explained that she never promised that the law would come to the parliament during the ongoing term. The first draft of the law in any case was done, and whether it would go through would be down to the political will of the next government, the minister indicated. The parliamentary elections were held in April 2011. The new parliament and government had a new composition: The Centre Party who were previously in government lost seats and ended up in the opposition with the big surprise winner, the True Finns,<sup>63</sup> whose support jumped from 4% in 2007 to 19%, but who remained in opposition due to irreconcilable disagreements with the National Coalition about European politics. The new rainbow government was composed of the National Coalition (now the biggest party) the Social

---

<sup>62</sup> Question time refers to discussion at a plenary session of Parliament during which Members of Parliament present questions to ministers.

<sup>63</sup> They later changed their English name to 'the Finns party'.

Democratic Party (SDP), The Greens, Left Alliance, Christian Democrats (KD) and the Swedish People's Party (RKP).<sup>64</sup> The new minister of health and social services, SDP's Maria Guzenina-Richardson, was put in charge of continuing the work on the elder care bill, as the government programme promised to introduce legislation on services for older people (GP 2011, 7). It specifically stated that the elder care law would be utilized to guarantee aged persons the right to quality care, based on needs:

Older people are valued and their right to self-determination will be safeguarded. The goal is to foster independent living and develop home-based services. [...] The availability of needs-based institutional care will also be ensured. Older people's rights to high-quality, needs-based care will be protected by law (an act on services for older people). Provisions pertaining to the rights of older people to obtain care and rehabilitation as determined in the service plan will be laid down.

(GP 2011, 105)

### **The second draft is out – what changed**

The comments on the first draft of the law had been collected and analyzed in the ministry by the autumn of 2011, and in November Minister Guzenina-Richardson set up a steering group to continue preparing the law. This group was led by the Chief Secretary of the ministry and included representatives from the Ministry of Social Affairs and Health itself, organizations of pensioners and the elderly, Kuntaliitto, labour market organisations, THL and supervision authorities. This group gave its proposal and the second version for the elder care bill came out in April 2012. Comments were gathered for this version until June 2012. The draft bill was to be brought to Eduskunta in the autumn, and the law would come into effect in 2013.

The memo whereby the second draft was first made public explains the background and development of the legislative process thus far, and admits that the preparation of the law had been particularly challenging because of all the concurrent law reform projects. The steering group was of the opinion that it would have been ideal to first prepare the reform of the social welfare act, as it would have provided a better premise for estimating to what extent specific laws would then be necessary (STM 2012:12, 14). However, as it was politically decided that an act on services for older people would be passed, the group gave its proposal.

The second draft was substantially altered from the first version, even if it still was based on it and shared many of its features. The starting point in the law, this draft stated, would be the older person's ability to function, not age as such. Thus the minimum age of 75 was removed from the draft. The law targeted both the aged population as a whole (defined as those over

---

<sup>64</sup> In the following, I will use these abbreviations of the parties' names: Centre, Finns, Coalition, SDP, Greens, Left, KD, RKP.



retirement age) and individual aged persons, and was meant to improve their rights and opportunities to influence the planning and development of living conditions and services concerning them. The law would advance the activity of the municipalities in improving the position, welfare, health and the services of the elderly population, as part of their strategic planning. It would also help enable the elderly to manage independently in different environments, and ensure that care would be organized in an institution if justified from the point of view of dignified life and safe care. Investments would be made to advance wide-ranging knowhow and competent management of the services for the elderly, and quality control and monitoring would be enhanced.

These definitions were to be realized through new regulations set up by the articles of the law. The most significant of these regulations can be divided into four different sets. The first of these involved the stipulations for municipalities to improve planning and evaluation of services for older people by: a) drafting a *plan to support the older population*, that is, ‘on measures to support the wellbeing, health, functional capacity and independent living of the older population as well as to organize and develop the services needed by older persons’ (STM 2012:12, 3§). The draft specified in some detail what must be included in this plan, and another article decreed that local authorities must assign adequate resources for implementing the plan;<sup>65</sup> b) evaluating (annually) the adequacy and quality of social services needed by older persons in its area; and, c) having sufficient and diversified expertise for supporting the wellbeing, health, functional capacity and independent living of the older population (8§). Also significant, if more vague as to its practical meaning, is article 6 on *availability of and access to services* which decreed that:

Local authorities must provide social services for their older population so that the services in terms of content, quality and extent conform to what is required for the wellbeing, social security and functional capacity of the older population in the municipality. Services must be provided so as to be available to the older population in the municipality on an equal basis.

(6§)

These stipulations can be seen as improved recognition and acknowledgement for older people as a group, and an enhancement of their social rights. Some redistribution too is affirmed, but this remains quite indefinable.

The second set of regulations involves *councils for older people* being set up in each municipality. Until this point many municipalities had set up such councils voluntarily. Although there are no regulations as to the functioning

---

<sup>65</sup> I will return at length to the question of resources in the next chapter.

of the council, this is clearly an improvement in the representation of older people in municipal governance. The third set of regulations dealt with the process through which and the principles by which older people are meant to attain the services they need; this is outlined in detail in chapter 3 of the draft law. Investigation into service need is the key procedure here, and a significant requirement is that a *service plan* must be drawn up (based on the investigation of service need) to determine what kind of social and health care services are needed (ibid, 11-14§). A new requirement too, is that '[t]he older person and, as needed, his or her family members or other persons close to him or her, must discuss the options to ensure a comprehensive set of services. The views of the older person on those options must be recorded in the plan' (ibid, 13§). Additionally, to improve the coordination of services, 'local authorities must appoint an employee responsible for an older person if the older person needs help in matters regarding the provision of services and their coordination' (15§). Finally, chapter 4 of the draft is about securing the quality of services. As quality of services was one of the concepts that emerged as a floating signifier in the policy process, I will discuss this issue in more detail in the next chapter. Here it is enough to point out that many of the articles in this chapter are very vague as to what concrete or practical requirements they entail. For example, on personnel the draft states that:

[c]are units must have personnel whose number, expertise and task structure correspond to the number of older persons obtaining services of the unit so as to be able to meet the service needs required by the older person's functional capacity and to guarantee services of a high quality.

(19§)

The second version edited, rephrased or completely removed many articles from the first draft. A whole new chapter was added, namely chapter two, on the general responsibilities of local authorities. Some of the content of this new chapter was also included in the first draft, but the stipulations concerning the responsibilities of the municipalities were now collated in a chapter of their own and made more extensive. As the comments on the first draft had been contradictory in many instances, there were no obvious decisions as to how the draft would be reworked. The government programme provided the political guidelines on the subject, but as shown in the quote earlier, they remain quite unspecific as to the content of the law. Home-based services, independent living and (rights to) needs-based high quality care were laid out as the principles and objectives, but how these were to be attained remained to be specified in the preparations for the law. Some issues in the first draft however, such as the age limit, were widely criticized and shown to be problematic – for example from the point of view of basic rights – so changing the draft in these respect was more obviously necessary. The question of personnel, in particular staff ratios, was one thing that came

up in many comments on the first draft and was widely discussed in the media. Whilst the first draft said nothing of the number of personnel required, the second draft included an article (quoted above) on the issue. It also included an article which authorizes the drafting of a governmental decree to regulate staffing more clearly. I shall discuss the question of staff ratios below and in detail in the next chapter.

On the whole, the second draft in many ways shifts the focus further away from the original promises and expectations concerning the law. To be sure, the expectations were somewhat vague (as discussed above), but the ones that were most clearly articulated consistently maintained that some of the quality recommendations of elder care would be put into law, as more binding regulation was deemed necessary to make municipalities and facilities follow the recommendations. Securing the right to care services and ensuring sufficient resources (in particular, personnel) were also demanded. There are no direct answers to these demands in the second draft. For example, the question of the right to services: is it strengthened or not? In the first draft one of the objectives of the law, stated in 1§, was to ‘ensure that [aged persons’] right to social and health care services is realized’. In the second draft this aim is rephrased:

[The objective of this Act is] to improve the access of older persons to social and health care services of a high quality as well as to guidance in using other services that are available to them in accordance with their individual needs and in good time when their impaired functional capacity so requires.

(1§)

The article thus appears to be weakened, as ‘ensuring the right to services is realized’ is changed to ‘improving access’, and the word ‘right’ is completely removed. Article 16 in the second draft on the right to services, however, retains the word ‘right’ and states that ‘[a]n older person has the right to obtain [the] social services [granted to him or her] without unnecessary delay and at the latest after three months have elapsed from making the decision’. While on one level this is a clear improvement to a situation where people might have to queue for services for indefinite periods, many problems remain regarding the right to services, as the comments on the second draft, to which I will soon turn, also point out. It is noteworthy, too, that this is the only place where a right of the older person is stated in the second version. The draft is focused on the process and procedure of service provision and policy, and the role of the municipality. The first draft, by contrast, included two articles where the older person is put in focus, not as an object of policy, but as a bearer of rights; ‘The aged person has a right...’ (STM 2011b, 11§, 14§).

Whereas many commenters on the first version interpreted the law as granting a subjective right to the services, (whilst others were not sure if it could be thus interpreted), the comments on the second version saw that the

law does not now grant a subjective right. This was the intention of the law makers too (HE 160/2012, 6). Some of the comments were critical of the removal of this subjective right, while some thought this was a good thing. The second draft also includes a section on resources of the municipality (7§), which states that

local authorities must assign adequate resources in order to support the functional capacity and independent living of the older population, as well as for providing the social services for older persons on the basis of which central government transfers to local government basic services are paid.

Furthermore, local authorities must support the wellbeing, health, functional capacity and independent living of the older population by assigning resources also for actions other than those referred to in subsection 1.

(7§)

I argue that the character of the draft law is by this stage also further distanced from the initial expectations and promises around it in that although it is extensive and ambitious in its scope and the principled goals it sets out, the concrete measures by which it will deliver remain vague. Nor does the draft law lay out any significantly stronger rights to older people than is the case anyway. For example, and as the final government bill too points out, in a sense people already have a subjective right to necessary social and health care services in general, as the Constitution (19 §) grants this. The three month time limit to attain these services is the only direct measure to better secure and specify the realization of this constitutional right. (And even this time limit it is arguably problematic as discussed below.) Because of this vagueness in the granting of rights, the investigation of service need becomes the pivotal point of control in the process of service provision.

The second draft act, then, did not address or reconcile the most substantial critiques made in the comments on the first draft. Rather, while the act is made even more extensive and ambitious, concrete and clear rights, obligations or sanctions remain lacking. The ministry officials in charge of the drafting process thus took into account only those comments which did not demand increasing resources for elder care. What, then, happened to the comments on the second draft?

### **Comments on the second draft and finalizing the elder care bill**

Again over 100 comments were received for the draft act from invited contributors and others. Many contributors stated with satisfaction that the second version was much improved from the first draft. Positive feedback was given in particular about the objectives and principles of the law, on the articles on promotion of welfare and on strengthening the voice of the service

receiver him-/herself in the decisions made about him/her. The decree on appointing a responsible employee was also welcomed, as was making councils for older people mandatory by law. Overall at least some positive remarks or comments were given by all contributors. The introduction to the final government bill characterizes this feedback as ‘mainly positive’, and refers to critiques as concerning for example the obscurity of the concepts (HE 160/2012, 6). It also points out that

part of the statement givers were of the opinion that the elderly should have a right to the services provided in law, independent of municipal allowances, i.e. a subjective right. On the other hand, almost as many considered it a good thing that no subjective right is granted.

(Ibid)

In a ministry document summarizing comments (when 80 comments had arrived, that is, a majority of the total 106), it was pointed out that a general critique that came up was the lack of accuracy and binding force of the regulations; ‘It was considered that the regulations should be specified for them to have real impact. Many contributors saw the law as remaining vague and not binding enough’ (STM 2012b, 1). In the introduction to the final bill, this critique is not mentioned. More extensive summary of the comments was also published on the ministry website (STM 2012a).

Some contributors remained of the opinion that a separate elder care law is not advisable and that it would make better sense to first finish the reform of the social welfare act and other relevant reforms, and then integrate the themes and necessary articles presented in the draft elder care bill into those laws. Others were happy that a specific elder care act was finally being realized. In many other questions too, the comments were contradictory. For example, whilst many contributors argued for the importance of including staff ratios in the law, others were clearly against this. The ministry summaries of the comments do mention these contradictory viewpoints, describe the feedback and give examples (STM 2012b; STM 2012a). However, they do not discuss or analyze the strengths or weaknesses of the opposed arguments, or explain the reasons why particular critiques were dismissed and others taken into account in the development of the draft into a government bill. The public summary states that ‘the feedback of the statements described above has been utilized in a versatile way in the follow-up preparation of the law’ (STM 2012a, 9). In chapter five I will tease out the rationalities at play in this ‘versatile utilization’ of the feedback. For now, it is to the purpose to bring out the most fundamental critiques, proposals and claims that were expressed in the comments, but which were not acquiesced to in the drafting of the final government bill. Many of these critical comments came from pensioners’ and old people’s interest groups, but a number of experts, (care) workers’ organisations, and supervisory agencies put across similar critiques.

First, many contributors criticized the weak binding force of the law, arguing that the law will be toothless, useless, and so on, if it remains as vague as the draft proposes and purely on the level of guidelines. For instance, the concept of ‘adequate’ or ‘sufficient’ resources and staffing was criticized as it is not clear what these terms mean in practice (for example C2, 7; C2, 66). Some proposed alterations to the relevant sections to make the definitions clearer and more binding (C2, 3; C2, 57; C2, 82). For example EETU, the interest group of pensioners’ associations, suggested that if it is discovered, through complaints to or inspections by the Regional State Administrative Agencies, that the municipality has not assigned sufficient resources to the services for the ageing population and older people do not get the services they need, then the Regional State Administrative Agency must impose a fine on the municipality, to increase allowances (C2, 3). The shift from the first version toward less binding sections was also noted, for example by the National Advisory Board on Social Welfare and Health Care Ethics, whose assessment was that ‘[o]verall, the binding strength of the draft now under review has in many parts loosened compared to the previous draft, as it no more for instance speaks about rights to services’ (C2, 9). Several contributors demanded a subjective right for the services (for example C2, 21; C2, 26; C2, 29; C2, 80, 81; C2, 85).

Second, and connected to the demands for a more binding law, securing the resources was called for in numerous statements, one statement declaring that ‘the elder care act without resources is an empty promise’ (C2, 6). Whilst many tied the question of resources to the binding force of the law, others suggested bringing back ear-marked state subsidies to guarantee resources (C2, 49; C2, 102). Specifically, the question of staffing levels was brought up as a resource question, and many argued that (minimum) staff ratios are necessary to secure adequate services (for example C2, 7; C2, 34; C2, 49; C2, 77; C2, 87). For example, according to a senior organization of the Greens (Helsingin seudun Ikivihreät), the law must include regulations concerning staffing levels, corresponding at minimum to the national recommendations, because ‘[this type of issue] cannot be left to the municipalities whose economic and other resources are of very different levels, to decide’ (C2, 17).

Finally, many other criticisms were also articulated, among other things concerning the role of family care, and the investigation of service need. Many interest groups also put forward very specific critiques and demanded their interests and rights should be integrated into the law. For example Swedish speakers’ representatives focused on language rights, the representatives of the Sami people to cultural and language rights, and representatives of Christian elderly people and the church to spiritual and religious needs. The most pronounced critique overall concerned the lack of binding force of the law, which effectively was articulated as a problem of resources, particularly as regards staffing levels. As will be elaborated below, this *resource discourse*, however, was not successful in the struggle (for

hegemony) over the understanding of what was at stake in the reform of elder care.

Despite the fact that this kind of critical feedback and clear demands (to make the law more binding etc.) were expressed in the comments, no more major changes to the law were made after the second draft and its round of comments. The final governmental bill (HE 160/2012) was given to the parliament five months after the collection of comments for the second draft had ended. The final modifications which were done at this stage at the ministry included the following: the definitions of aged population and aged person and care unit were specified, as was the relationship of the law to other laws; an article on language rights was added; municipal duties were extended concerning cooperation and gathering feedback from personnel; some details about requirements concerning expertise were removed; promotion of welfare was specified and requirements concerning advice and direction connected to this were expanded; finally other small additions and rephrasing was done here and there, and some articles were added, removed or rearranged. Overall no significant changes were made at this stage.

#### **4.4 The bill HE 160/2012 in the parliament: ‘Where are the euros?’**

The government presented its proposal (HE 160/2012) to the Parliament in November 2012. The preliminary debate in the plenary session was lengthy, as was expected for a bill that had attracted a great deal of attention in the media, gone through an arduous preparation process and was generally considered a significant bill.<sup>66</sup> The preliminary debate (PTK 110/2012) started with Minister Guzenina-Richardson presenting the law and going through the main points and new regulations that the law will bring. Here the minister states that the law ‘emphasizes the maintaining of welfare, timeliness of services, the functionality of the care chains, and first of all, taking the human being/person into account in all situations.’ Going through the content of the bill, she mentions that there’s an article about sanctions too in the bill, but it is unclear what this refers to. Defining the sufficiency of services must be based on the determination of service need and on the service plan, the minister explains, adding that the aim is that at minimum the services in the plan are arranged for the aged person. She emphasizes this point:

---

<sup>66</sup> During the preparation of the bill, there had also been written and oral questions and even an interpellation (by the Centre party) considering the bill, raising questions for example about the resources for the law and staff ratios (for example KK 282/2011; KK 314/2012; VK 6/2012). The debates in these instances raised similar points and made similar arguments to the above discussed interpellation, and the debate on the government proposal discussed below.

This is really important. In this house [that is, the eduskunta, where the parliament assembles], too, it has been many times demanded that older people must have a right to the services according to the service plan. Now this law – in the entry you have on view – this point is made as strict as possible, and aligned with the views of the Ministry of Law and Chancellor of Justice of the Government too, it is seen that it is the most strict entry that is possible in this situation.

(PTK 110/2012)

It seems that the minister is here framing the impossibility of any tighter regulation in terms of law, and hence removing the political decision in granting (or not) these rights. In fact, this framing serves to depoliticize the decision not to grant a clear subjective right to services, by claiming that this is the strictest possible way to secure the rights to services ‘in this situation’. However, soon afterwards, she frames the impossibility (of providing care in the current manner, that is, in too extensive way) in terms of economics, framing the issue as one of economic necessity:

Here I would stress that currently, related to the costs of long term care, as they are over one per cent of the gross domestic product, we must acknowledge that if Finland does not start investing in the maintenance of functional capacity, and thus reduce the need for extensive care, the per cent of GDP spent on long term care will rise close to 3.9 per cent by the year 2060. Thus in the care of the aged, from the viewpoint of economic sustainability too, a change of focus must be brought about once and for all. The elder care law is hence a significant law from several perspectives.

(PTK 110/2012)

The minister also argued that to build welfare we have to recognize its roots, which entails developing other things in addition to social and health services, and that significant solutions from the point of view of the elderly are made in the areas of community planning, housing, culture, transport services etc. She said that dividing society into children, the youth, adults, special groups and the elderly is backward thinking, and that different administrative sectors must start seeing their work in context of the whole. She also stressed the role of the third sector and businesses here. The minister pointed out that this viewpoint shows in the law in the obligation to take into account the issues of the elderly also in other areas than social and health care services.

The debate following the minister’s speech was long and heard over 60 addresses. Many applauded the fact that the bill was finally in the parliament, some terming this a historical moment (for example Sarkomaa [Coalition]; Rossi [Centre]). Positive comments concerned for example the focus on living at home and the improved opportunities for older people to affect the services they get (through the councils for older people and in the process of drafting the service plan). The increased responsibilities of



municipalities in planning and monitoring elder care services, and the requirement to organize services without delay or at least within three months, were also applauded. Most of the critique came naturally from the opposition, and it concerned in particular resources, staffing, family care and how binding the law is. Jalonen (Finns) argued that

According to the estimates the elder care law will increase municipal expenditures significantly. At the same time the government is cutting state subsidies for municipalities, in other words the government transfers the unpleasant decisions into the [municipal] council halls and forces the newly chosen municipal councilors to either cut from other services or raise flat taxes.<sup>67</sup>

(PTK 110/2012)

Similarly, MP Juha Rehula (Centre) asked: ‘Where are the euros so we can implement this law for real?’ MP Jyrki Yrttiaho (Left Group) tied the question of resources to the missing staff ratios:

So no binding norms, no money or even a promise to implement later the staff ratios required for good care. In addition, the government cuts from municipal social and health and other basic services ten times [the amount] what is now promised for implementing the elder care law. In this context it is understandable that we’ve heard here almost in chorus testimonies how in improving elder care the staff ratio is not a central question, although unquestionably it is one.

(PTK 110/2012)

MP Anu Vehviläinen (Centre) gave an example of her hometown which had dismissed the contracts of 500 family carers for the rest of the year, and argued that Kela (a national level body) should be in charge of family care allowances as municipalities apparently cannot adequately manage it. (The minister replied to the comments on family care by explaining that it is being reformed in a separate project.) On the level of strictness of the law, Jurva (Finns) argued that ‘[u]nfortunately it seems that the proposed law will in its current form be too open to interpretations and it does not set sufficient obligations, so the realization of the law will be totally dependent on the will and resources of the municipalities’. But MPs of the government parties also made critical comments, if mostly in a diplomatic way. For example, MP Sarkomaa (Coalition) speculated whether the bill responded adequately to the promises made in the government programme and maintained that ‘[w]e must consider carefully, does the bill remove sufficiently the problem of inequality in the supply of elder care services and in attaining care? MP Lasse Männistö (Coalition) remarked:

---

<sup>67</sup> In Finland the municipal tax is flat rate tax.

[o]ne point I'd like to ask the minister, which is related to the costs of this law, and on the part of such a huge body of law it would have been important that at this stage of preparation to have at our disposal wider and deeper estimate of the effects and cost-benefit-relations. It does feel quite strange, if more widely too, such big laws are prepared disconnected from cost effect estimates, especially as they vary according to the estimating quarter.

(PTK 110/2012)

Eventually, the debate came to an end and the bill was referred to the Social Affairs and Health Committee. The Constitutional Law Committee was ordered to give its statement to the former. (This would be the normal procedure.) The Committee consulted seven experts when handling the bill.<sup>68</sup> Six statements from legal specialists (Parliamentary Deputy Ombudsman and professors of law) and Kuntaliitto were filed (PeVL comments). The main issues the legal experts discussed and presented as problematic in their statements concerned municipal autonomy and the constitutionality of tasks assigned to the municipalities through an authorization to give a decree. The need to ensure that municipalities are actually in a condition where they are able to meet their obligations was also discussed. However, the statements only proposed somewhat minor changes to the bill and gave overall supportive statements. On a more critical note, Sakslin, assistant parliamentary ombudsman, wrote on article 14: 'I consider it a deficit that a person's self-determination, that is the right to take part in decision-making concerning him-/herself, is not mentioned here as a directional principle'. She also argued that '[f]rom the perspective of the estimation of the constitutionality of the law, I think it is essential that a duty to track the economic effects of the law systematically is tied to its coming into force' (PeVL Comments, Sakslin). The experts discussed the question of the number of staff as well and Viljanen, professor of constitutional law, expressed directly that if necessary the staff ratios of care units should be regulated in law, and not by government decree (PeVL comments, Viljanen).

In their statement, the Constitutional Law Committee pronounced that the bill could be processed in the standard way, but only if the Committee's comments considering the constitutionality of article 10 moment 2 and article 20 moment 3 are appropriately taken into account. Both these moments stated that governmental decrees could be used to give more specific regulation concerning expertise that the municipalities should have, and the staff ratio, respectively. The problematic issue here was precisely about municipal autonomy, and the requirement to regulate in law, and not

---

<sup>68</sup> The principal function of this committee is to consider the constitutionality of bills and their bearing on international human rights instruments. Committee meetings generally are not open to the public, but Committee reports, statements and minutes are public documents, and are the sources for this analysis.

through subordinate legislation such as governmental decree, issues which would bring new tasks to municipalities.

The Social Affairs and Health Committee was the main committee dealing with the bill, as the topic fell into its remit. The Committee discussed the bill over a three week period. Concurrently with dealing with the bill, the Committee discussed two motions relevant to the bill, submitted by members of parliament who were both from opposition parties. One of them (LA 73/2012) was a legislative motion proposing an act setting up an independent office for an Ombudsman for the Elderly. The other one (TPA 32/2012) was a petitionary motion, proposing that the elder care bill should include a requirement for municipalities to draw up a plan and instructions on palliative care. Both motions were dismissed. The committee heard or received written statements from over two dozen experts, ranging from officials at state research institutes and supervisory authorities, to professors, to labour market representatives, to third sector associations. As a general remark, the Committee wrote in its report that the bill ‘reflects and in its own part promotes a more positive attitude toward ageing and the service needs it entails’ (StVM 27/2012).

Certain amendments to the bill were proposed. As per the statement of the Constitutional Law Committee, Article 10 needed a few changes: concerning expertise required from the municipalities, the article had not specified the type of expertise required, as the second moment of the article merely stated that these specifications can be given by a governmental decree. This second moment was thus to be removed and the specifications added to the bill itself. Expertise was proposed to be required at least in the promotion of welfare and health, in gerontological care and social work, in geriatrics, medication, nutrition, diversified rehabilitation and oral health care. Similarly, the authorization to give a governmental decree to regulate the number and competence of staff in article 20 was to be removed. Apparently, the Committee did not entertain the idea of putting the staff ratios into the law itself, as this was against the position of the leading government party (Coalition). Instead, it resolved this issue by proposing two resolutions:<sup>69</sup> firstly, that ‘the Parliament requires that the Government estimates during 2014 whether staff ratios are realized in the way intended in the elder care law, and if the recommended staff ratio (min. 0.5) has not been attained in round-the-clock care, the Government proposes specifying the law’; and secondly, ‘the Parliament requires that the Government follows and estimates the realization of the objectives of the law and its effects in particular on the welfare, health and functional capacity of the aged population, and the availability of social and health care services and the resulting costs to the municipalities’ (StVM 27/2012, resolution 1 and 2).

---

<sup>69</sup> Resolution (*lausuma*) is a position of the parliament requiring the government to take action on a given issue, and is made part of a parliamentary reply or communication. The government gives an account of the measures it has undertaken in response to the resolution in its annual reports.

Additionally, the Committee proposed refining a clause regarding long-term care arrangements (14§). Changes were proposed to the last article, number 28, which outlined the timetable in which the law was to come into force; this was to include a clause stating that the municipalities are required to have the expertise mentioned in § 10 by 2015.

Two protests were filed, by the opposition parties The Finns and the Centre party. The Centre party protest (StVM 27/2012, protest 1) supports the central features of the government bill, but finds four big issues which remain insufficiently resolved. These are the insufficient financing of the implementation of the law; the uncertainty about the organizational side of social and health care services (in reference to the ongoing other major reforms of the sector); the transfer of family care allowances to Kela; and the setting up of the position of Ombudsman for the Elderly. Some smaller adjustments are also proposed. The protest of the Finns party also expresses worries about the resources for the implementation of the law. The Finns propose some changes to the law, for example changing the phrasing in 1§ from ‘improving the opportunity’ to get services into to guaranteeing this. Their propositions for resolution state that the government should immediately start preparing a law concerning palliative care; that resources for implementing the elder care law be secured, and family care allowances moved to Kela. The Centre party also argues that one of the biggest flaws in elder care is the insufficient number of staff, and the Finns emphasize that institutional care should not be run down, because those in worst shape do not manage at home. ‘It is important that those who need round-the-clock care will get institutional care, so that it is not the case that they remain at home badly cared for’ (StVM 27/2012, Protest 2).

Having been considered by the committees, the bill was returned to plenary consideration in December 2012 (PTK 126/2012, PTK 131/2012). The debate was again quite active. The first reading heard over 40 speeches, the second nearly as many. In the first reading MP Rehula (Centre) presented the law and the report of the Social Affairs and Health Committee. During the debate, critiques were again expressed especially regarding the question of staff ratios and resources. Notably, MPs of the leading government party (Coalition), who had been against putting the staff ratios in the law, were quiet in the debates (only one speech in the first reading and seven speeches by four different MPs in the second.) This was noted and criticized by opposition MPs during the first reading. MP Tapani Tölli argued that the significance of the second resolution (which states that cost effects for municipalities must be monitored) is a waste of time if this monitoring does not lead to any conclusions (PTK 126/2012, Tölli [Centre]). The opposition parties naturally discussed their protests and argued that without adequate resources this law will not improve elder care services. The Finns also claimed that the law remains too vague and open about certain things, such as the role of the responsible employee, and in particular the number of clients for which one such employee can be made responsible (PTK 131/2012,

Mäntylä [Finns]). The question of setting up the post of Ombudsman for the Elderly was also debated, as the Centre party (an opposition party) in particular questioned the decision to scrap it from the bill. Minister Guzenina-Richardson explained that it was left out of the bill during the earlier phase of preparation, and that at this stage it could not be included in the law. The opposition MPs also discussed staff ratios and wondered why the Social Affairs and Health Committee had not received the statistics on current ratios in the municipalities, asking if such information exists (ibid, Vehviläinen [Centre]). The vague concepts and definitions received criticism also from government parties themselves. MP Kristiina Salonen (SDP) for instance said that as the focus of the law is strongly on the primacy of home care, she has presented a wish to define more clearly the difference between home care or home-like care and intensive service housing and institutional care. MP Sanni Grahn-Laasonen (Coalition) said that one thing that remained open after the Committee had finished with the bill was the true cost effects of the law for the municipalities. Many discussed the strengths of the law too; for instance, MP Anneli Kiljunen (SDP) pointed out that the law improves legal protection as it makes it possible to demand services through courts if necessary.

The Coalition MPs who spoke during the debate raised issues such as the question of finding professional, motivated staff, how work is organized and technology is utilized (PTK 131/2012, Grahn-Laasonen), and how outsourcing of services is managed (ibid, Autto). At this stage in any case, it was clear that the bill would be passed, as the government parties were committed to it. This is in line with the regular operation of the parliament. The final changes that were made to the bill were those proposed by the Social Affairs and Health Committee (see above). Thus finally at the end of 2012, the *Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons* (see Appendix 1) was passed and it came into force on 1st July 2013.

## 4.5 Conclusion

This chapter has described the process of drafting and passing the elder care act. Recent official reports and media scandals had exposed the deficiencies of elder care in institutional services, representing a dislocatory political moment to which the government was compelled to react. This recognition of the unacceptable reality in at least some parts of the elder care system opened a public debate about what causes these problems, and how they should and could be remedied. The idea and demand for better regulation in the form of a new law emerged as such a remedy, and the elder care act can be characterized as a floating signifier at the beginning of the process, as different parties attached different objectives and ideals to the promise of this new law.

The process of drafting the law was unusually thorough and participatory. However, the mechanisms of hearing contributions, controlled by the Ministry of Social Affairs and Health, seemed to only take into account those comments which were in line with the goals and guidelines set already earlier for the 'structural reform' of elder care services. Any stricter regulations, for instance toward creation of subjective rights for the elderly, were rejected.

The momentum and opportunity that had gathered at the beginning of the process towards having a political debate and making (value) decisions over the (re)distribution of elder care responsibilities through the drafting of the elder care law were lost. Hence the absence, in the end, of any transformative or almost any kind of change, as the final law reflects and maintains the status-quo of (neoliberalising) care services and reform ideas which were already prevalent (as described in chapter 3). To be sure, this critical assessment of the legislative process does not imply a negative assessment of those structural reforms and status quo practices as such. Rather, it emphasizes the political nature of them.

The discourse that the final law exemplifies is a discourse which emphasizes regulation, management and indirect steering of services, and takes as a given that resources are diminishing. This discourse is largely produced by the Ministry of Social Affairs and Health and various experts and governance bodies. It was already the dominant discourse in the national governance of elder care services before the drafting of the elder care bill began. It emphasizes the inevitability of 'structural reform', justified with a reference to the realms of possibility set by the economic and demographic situation, and by the desire to dismantle the expensive institutional care which is seen as backward and even inhumane. Conveniently, these two justifications seem to go well together.

Whilst the rationality of this *hegemonic discourse* was also critiqued during the process,<sup>70</sup> it managed to maintain and gain sufficient hegemony to the extent that the challenges from the *resource discourse* were not successful and were ignored in the final act. In the next chapter I analyze in detail how this hegemonic discourse of elder care services maintained its

---

<sup>70</sup> Discussing the governance of elder care in terms of hegemonic and competing discourses might raise a question about agency. If a discourse 'does' something, who is actually 'acting'? In this study, discourses are understood as 'relational systems of meaning and practice that constitute the identities of subjects and objects' (see chapter 1). They are never complete and totally fixed, but as their relationality implies, they are continuously being shaped as the elements they consist of are also not fixed. A number of different agents produce, reproduce and disseminate discourse, and likewise the hegemonic discourse of elder care governance is produced for example by ministry documents and other official communication, in the media and by politicians and experts. Discourses in a sense organize reality and create meaning, and here the aim is to show how this happens in the case of elder care. No complete account of such meaning-making is possible, but the aim is rather to demonstrate and explain the most significant elements and logics which function in this case, and how a particular discourse becomes and remains (largely) hegemonic.

position, and how the challenges to it were rebutted. Naming the discourse that the ministry largely produced as hegemonic does not mean that its dominance is total. However, it serves to highlight the fact that even in the face of wide-scale criticism and public debate, there are existing practices and institutional arrangements characterized by particular rationalities which this discourse manages to frame and reproduce as both inevitable and desirable.

## 5 REGULATING THE PROBLEMS AWAY

### 5.1 Introduction

This chapter analyzes in more depth the policy process described in the previous chapter. It shows how the struggle for what shape the law would take is articulated and framed in terms of recognition, redistribution and representation. It considers the hegemonic frame for problems and solutions regarding elder care that emerges during the legislative process. It argues that this discourse frames the issue in terms of organization and administration, where no opposing relations or differing interests are recognized. Thereby no transformative action is taken, and the final elder care act brings little that is new to elder care social policy, leaving the existing hegemonic regime (described in chapter 3) intact. In effect, the hegemonic discourse ‘depoliticizes’ the question of elder care,<sup>71</sup> and declares that the best solution to the challenges and problems that were exposed at the beginning of the process is better regulation. This is reflected in the elder care act whose decrees are meant to steer the field of elder care into the desired direction.

In this chapter, I show how this hegemonic understanding of the challenges of elder care was created and maintained, and how competing articulations were subsumed within it, or sidelined and averted. I do this by analyzing the key nodal points and floating signifiers of the discourses concerning the elder care bill/act. Dwindling resources, the bureaucratic division on labour, and prevention are identified as the former, whereas the elder care act itself (at the beginning of the process), quality and living at home functioned mainly as the latter. The chapter argues that *a logic of difference* was in operation here, and any opposing viewpoints were averted or subsumed into the hegemonic discourse. The future and sustainability of the welfare state formed the backdrop of the discourse, and the demographic structure and economic crisis loomed large and seemingly inescapable over the process, limiting what was conceivable and attainable in the situation. Challenges and critiques to the hegemonic discourse were articulated by various actors, but in a somewhat dispersed way, amounting to a *resource discourse* which only gained visibility and threatened the hegemonic discourse momentarily when the staff ratios were debated. The following explores how these developments played out.

Throughout the legislative process the question of the costs and resources was an issue whose explicit handling was repeatedly avoided, pushed to other

---

<sup>71</sup> ‘Depoliticizes’ in inverted commas, because the fact that conflicting aspects and challenges to the hegemonic regime are seemingly contained does not mean that the issue stops being *political* (cf. Hoppania and Vaittinen 2015). Because of the relationality at the heart of care, it can always be *politicized*. As discussed in chapters 1 and 2, the politics of care operates on several levels.



agendas, or it was taken as a fact that costs cannot increase. The original division of labour of the various other law reform projects was presented as a legitimate reason to push certain question to the side. However, the economic consequences of the elder care bill were a topic whose significance could not be avoided. The cost question seemed to comprise an invisible restraint on the preparation process of the bill. But there was no direct, explicit political decision to place these economic boundaries on the bill, or alternatively make a commitment to find whatever resources that would be deemed necessary. Instead a focus on regulation represented the issue as one where better resourcing is neither possible nor necessary.

## **5.2 A new law: recognition of what?**

The elder care act and the whole policy process around it do show that the position of the elderly who need care, and the rights and status of older people in general, gained some improved recognition. The setting up of councils for older people and the setting of time limits for receiving services for example, as discussed in chapter 4, justify this conclusion. During the process demands were raised also to recognize and improve the status of elder care workers and family caregivers; these however, while affirmed for example in the speeches of politicians, were not granted any new recognition or redistribution (discussed below) in the law itself, but rather ignored or postponed for future reforms of social policy and other laws.

However, the impact and the practical effects of the elder care act remain to be seen, and they are not clear because of the weak binding force and lack of sanctions in the act, and because it is largely focused on the level of improving the regulation and procedures of care provision. This can be considered a serious failing of the law, as the law was presented as a solution to a situation which was, arguably, caused in the first place not by a lack of regulation as such, but because existing laws and recommendations were not adequately followed. This was pointed out also by several commenters of the drafts, who argued that the law is necessary because municipalities have not really followed the regulations and recommendations concerning elder care this far. Opposition MP Rehula made the same point when he said that the law is actually the consequence of the fact that we have legislation which has not been adequately complied with (PTK 110/2012, Rehula). As discussed in chapter 4, many comments on the draft versions of the law critiqued the elder care act for effectively remaining on the level of recommendation. Furthermore, the significance of the stricter articles was also critiqued as remaining void; for example, the obligation for local authorities to establish a council for older people ‘to ensure the older population’s opportunities to participate and exert influence’ (section 11 of the final act) was seen as unsatisfactory, and specification was demanded (C1, 50; C2, 3; C2, 4). Here the problems with the section were spelled out:

[the statements of the councils for older people] will have no significant steering influence. Assume that the council for older people gave a statement in which it stated that the objectives of the elder care act are not realized in the municipality, then how would this statement influence decision making? [...] The office-holder or the board can simply record the statement [as information for decision-makers] without the issue being in any [other] way dealt with in the municipality. There is no obligation for the office-holders and municipal political organs to change the situation.

(C2, 87)<sup>72</sup>

The weak binding force of the law thus undermines the arguable gains in recognition attained through the process of preparing and passing the elder care act. Indeed, as Professor of Law Toomas Kotkas has argued, from the point of view of the judicial system, the elder care act ‘is a dubious law which does not (really) set up new rights or responsibilities’ (Kotkas, 2013, my translation). As the general national instructions for law drafting by the Ministry of Justice put it, law is not meant to be an instruction or a recommendation:

Law allows, entitles or obligates. ‘Regulations’ which are self-evident or which otherwise have no legal significance, must not be included in law. The Constitutional Law Committee too has in its statement (PeVL 37/2006) stated, that generally it is ‘not appropriate to accept in the form of law or any other statute [the kind of general provisions which are in their judicial binding force weak or non-binding]’. [...] Similarly, unnecessary and empty words must be avoided in legal language.

(Finlex 2013)

Evaluating the elder care act in terms of its legal adequacy and appropriateness would be a study of its own. But as the statement above by Kotkas indicates, and this research too suggests, the elder care act remains very weak. Karsio and Anttonen have made similar points and note that the law has been ‘heavily criticized as unlikely to impact positively on the quality and quantity of eldercare services. It remains to be seen, though, how it will actually affect elderly citizens’ access and right to services’ (Karsio and Anttonen 2013, 97). In their comments on the second version of the draft law, University of Tampere researchers also criticized the weakness of the law: ‘[It is problematic that] the law does not seem to create a right for the older person to the services s/he needs. [...] The law would have real impact if it imposed that service needs which are determined in a professional estimation cause an obligation to the municipality to organize these services’ (C2, 89). The power of the law to influence the practices of elder care service provision thus remain on the level of symbolic recognition which might bring

---

<sup>72</sup> All translations from the comments, documents and other data are mine, unless otherwise stated.

increased public pressure on the municipalities to act according to the ideals and objectives of the law. It remains to be seen if this will happen.

Considering the universal aspects of care, the inevitable need of care and the ubiquity of care relations (see chapter 2; cf. Thompson 2006), it must be asked: how were these recognized in the policy process of the elder care act? Recognition of the scale of need and the amount of care that is being given and received, that is, those care relations that sustain society, were an object of discussion during the policy process when the role of family care was considered. Whilst in principle the promises of the elder care act apply also to family care situations, the reservations about concrete improvements apply to family care as well. Family care is a particularly significant form of care work, which according to recent research saves annually 2.8 billion euro in service expenditure (Kehusmaa 2014). Recognition of the magnitude and character of family care as something beyond a problem of governance was articulated by the Association of Care Giving Relatives:

And now that in a sense the truth about the amount of need we have has been revealed, nowhere is it possible to increase the professional care resources that much. [...]

And somehow we have tried to emphasize it here that family care should not be treated from the viewpoint that it is sort of a phenomenon [to be politically governed], although we too treat it [like that], but first and foremost it is a relationship which is at the core here, and the family whose quality of life is at issue.

(I4, 17-18)

These kinds of considerations of how elder care relations and quality of life are tied together and how they could be better supported socially were not discussed during the policy process. Even if calls for more caring attitudes and respect for the elderly were voiced, no concrete measures or policies to support and allow for better integrated elder care within families were entertained.

Instead of this kind of wider understanding and recognition of elder care relations, the hegemonic discourse creates a picture of a care subject as an independent, consumer-like agent who plans for and takes care of her own care needs, has her needs professionally estimated and contracts for and chooses services as required. Here the question of how care is understood, what care is recognized to be about, or not, is what is at issue. What emerged in the process, even if mostly only implied, was in contrast with the ideas of corporeal interdependencies of care that care theory emphasizes (see chapter 2). The elder care act strengthens the municipality's role in helping the elderly to keep fit and manage their own care needs with an eye to prevention of care needs. Not only were the pervasiveness of care relations, of family care and so on, obscured in the hegemonic logic, but also the possible contradictions inherent in marketized care (Hoppania and Vaittinen 2015)

were not discussed, as the policy process left aside the question of production of services, invoking the bureaucratic division of labour as legitimation for not dealing with such issues in the drafting of the act.

However, it appears that it was precisely this narrowing down of the process that precluded an adequate understanding of elder care, and therefore prevented the law drafting process from being informed by such an understanding. Many actors in the field and commenters on the law did recognize that the way services are produced and arranged significantly shape the reality and availability of elder care services and the quality of those services – things that the elder care act was meant to influence. For example, marketization and outsourcing of services is a key factor affecting the production of services (as discussed in chapter 3). A civil servant at Valvira (the National Supervisory Authority for Welfare and Health) alluded to the contradictions of marketization and basic rights in care services, while discussing the marketization and commodification of services:

I see it as a kind of, well, what is it now... a perspective of profit, a perspective of business, a business has to make a profit, and if the starting point is this, then it is a different one from making sure that the basic rights of the customer are realized. [...] And [these two] can be in contradiction, and the basic rights might be suppressed.

[...] Or you have one person bringing in the meals, one cleaning, one coming in to give you an insulin injection, or something, and a third one doing something else. And they all have your keys and they come to your place whenever. [...] And then we see that we have these issues [arranged] like this and this, and now we rationalize everything.

(I8, 14, 16)

Some of the contributors tied similar worries to the investigation of service needs, an important stage in the process of attaining services (section 15 of the final elder care act):

If the investigation of service needs is sliced up so that different occupational groups view the elderly only through the perspective of their profession, [then] a holistic estimation of the physical, mental, social and spiritual needs of the client is not realized.

(C1, 7)

Some expressed worries about the development of home care services:

The current service structure model has commodified a set of home services and visiting nurse care into separately priced support services. These often turn into an economically impossible equation for the old person.

(C1, 35)

The old style home service was better for the service receiver in terms of holistic care.

(c1, 30)

This practical side of the development of production and organization of services crucially affects the quality and attainment of services. Reforms of how the system functions on the level of praxis are constantly in progress, and these new schemes of marketization, for instance, are part of the 'structural reform' of elder care services. The elder care act, however, leaves them untouched, allowing them to proceed and take shape in the background so to speak. It seems then, that the recognition gained for elder care remains rather weak and limited, or on a level of purely symbolic declarations of commitment to the welfare of the elderly. And as Fraser argues, recognition itself is never enough; redistribution too must be present for social justice to prevail.

### **5.3 The cost of care – evading redistribution**

The question of the costs of elder care, and the cost effects of the elder care act were a pervasive theme in the policy process. However, they were dealt with in a peculiar way, starting with the broadly accepted fact of an impending sustainability deficit, whereby it was understood that there is simply not enough money and resources to keep supplying services in the same manner as before. This 'fact' was not discussed much, as it was largely accepted, and instead of debating who bears the costs of care, many references were made to the inevitability of the diminishing resources. A key premise for the inevitable fact of resources running out, and one to which references were commonly made, was the worsening demographic dependency ratio, exemplified in this quote from a civil servant involved in drafting the first version of the bill:

[Whilst outlining the draft] we must calculate both the costs and also the requirements for personnel. [...] And indeed the number of the elderly population is growing so much that they are quite big numbers you get making these calculations [...] It's a great challenge, it seems we have to find some new ways to do things, we just don't have that much [money]. And we don't even have enough people to educate. And if you say we just haven't educated enough [people for the sector], but then when people retire, and how big the new generations are, and how they are distributed in different sectors... well the ratio changes so much. We have to find new kinds of solutions.

(I1, 8-9)

The lack of money, and the perceived impossibility of maintaining the kind of heavy, institutional service system Finland now has, formed the accepted parameters for the reforms of elder care services. It can be identified as a

central nodal point, which I term *dwindling resources*. It was accepted to the extent that nearly all parties tried to justify whatever points they made, by arguing that what they propose will (in some way, perhaps indirectly or eventually) reduce costs. And indeed, investments in measures which did not have a clear connection to cutting expenses (at least in the long run) remained scarce, if not nil. The money that the government eventually allocated for the implementation of the elder care law remained meagre, especially if contrasted with the cuts to general state subsidies to municipalities. It also seemed that even among the government elected in 2011, which was a coalition led by the (right wing) National Coalition, with (centre-left) Social Democrats as the second biggest party, there was little debate as to the level of resources that could and should be allocated for the elder care act. Instead, the parameters for the budget appropriations were laid by the overall process of deciding on the budget frame, a process dominated by the civil servants of the Ministry of Finance. As a politician involved in the government negotiations remembered the discussion:

I think how it happened was, we started the government negotiations – I was in a group where we dealt with the issues of social and health care – and if I remember correctly, we received a certain figure from the ‘sextet’, so from the [six] chairs of the [government] parties, or was it from [the Ministry of Finance]. [...] I’m not sure where it came from, but in any case we got a certain figure for our working group, and thus we found that this is now the millions with which we have to work with, we have to realize the priorities we have in this group.

(I9, 10)

Here it seems that the overall amount of money allocated for social policies was not under debate. Thus, the larger questions about the costs, resources and redistribution concerning elder care were not taken up during the discussions concerning the elder care bill; rather, these decisions were throughout the process out of scope, and seen as falling under the remit of other quarters. I argue that this is what significantly delimited the possibilities of making effective elder care legislation, which, to be effective in the sense of having a chance of transforming elder care relations, would require extensive rethinking and redistribution of care.

As the opposition MPs mockingly argued during the parliamentary debates of the bill, at the same time when the government allocated millions of euros to the elder care law, they made much larger cuts to the overall state subsidies to municipalities. Here too in fact, the underlying idea seemed to be that the money which was finally put into executing the elder care act would in the long run have the effect of streamlining and making the services more effective, hence eventually reducing service costs, or restraining their growth. Thus, resources are allocated to elder care with the aim of reducing the costs of elder care. There was also a clear division of labour regarding how questions about financing services were to be decided on, which served

to fend off explicit economic questions within the political discussion concerning the elder care law. The (somewhere, previously, already decided on) bureaucratic division of labour functions as a legitimate reason to leave the larger questions of production, financing and organization out of the agenda of the elder care act. (Presumably the main arenas here were the larger ongoing social welfare and health care reforms, including the connected wider municipal reform).

Two nodal points can thus be identified as largely defining the overt dismissal of redistribution questions during the process of drafting and passing the elder care law: firstly, the acceptance of dwindling resources, which seemingly objectively sets the limits of possibility on the process; secondly, the bureaucratic division of labour which explicitly delimited the scope of the elder care law because of a logic of governance which manages different aspects of service provision in different projects. Framing the policy process in this way significantly shaped what became the hegemonic viewpoint underpinning the final law itself. I argue that these frames were the central nodal points in the operation of the logic of difference, as they were repeatedly used to channel various grievances and problems in a way that any serious challenges to the dominant practices and existing regime were averted (cf. Howarth 2010). However, these frames did not go completely unchallenged, and the way they were articulated, interpreted and reproduced during the process tell us something about the political nature of the process.<sup>73</sup>

Obviously, the fact that the notion of ‘dwindling resources’ permeated the whole process meant that the question of money was indeed highly relevant throughout the process. The accepted bureaucratic division of labour on the other hand served in keeping the question of money from being explicitly discussed and the alleged lack of resources challenged. For example, the civil servants involved in drafting the first version of the bill did make calculations concerning the cost effects of the statutes they were drafting (I1, 8-9). That is, they were always conscious of the fact that the question of money cannot be separated from the drafting of the bill. The question of costs thus remained a key undercurrent of the policy process, affecting all the other issues.

In the comment rounds for the two versions of the bill, commenters repeatedly appealed to how this or that measure they supported would reduce costs in the long run, or prevent costs from arising. Legitimization for various arguments was sought from the economic logic of reducing costs. However, some counter-arguments were presented as well, by those who emphasized, for example, that a lack of money cannot be the reason for not providing certain essential services. They appealed instead to morality and values, and the ideals of the welfare state. These kinds of demands however, were on the losing side and were swamped with the overwhelming support for the dwindling resources frame. Further evidence for the hegemony of this

---

<sup>73</sup> I discuss the other nodal points and floating signifiers that emerged in this process below.

view is evident in the way some of the stricter articles of the first draft (which would have directly increased the responsibilities and costs of municipalities) were diluted.

In the comments on the law and in the debates in parliament hardly anyone argued that the central issue with elder care is primarily or only about money and redistribution, even though many stressed the importance of securing adequate resources for the law. The vagueness of the law however was critiqued and it was argued that the weak binding force of the law will lead to municipalities not implementing it. The Finns, for example, put it like this on their protest against the Social Affairs and Health Committee report:

We are afraid that this inexact law will give municipalities a chance to refuse [granting] services by invoking the small [budgetary] appropriations. It is disconcerting if we end up having to test the responsibility of organizing [services] through legal proceedings.

(StVM 27/2012, protest 2)

This statement implies a critique of the political development toward neoliberalization in the context of a traditionally strong welfare state (see chapter 3) – a development whereby increasing responsibility for the realization of social rights, given in law in abstract terms, falls on individual citizens (cf. Julkunen 2006, 21). Similarly, during the parliamentary debates, MP Hanna Mäntylä (Finns) appeals to the minister to pay attention to adequate resources and the specifications of the law, by referring to what she called the ‘catastrophic’ consequences of the reform of the child protection act some years back,<sup>74</sup> when no adequate resources or supervision were secured for the implementation of that law (PTK 131/2012).

The dominant hegemonic discourse managed to push these arguments aside. In the parliamentary debate, neither the minister nor the government parties replied directly to this kind of critique, except by alluding to the fact that many MPs are decision-makers in municipalities too, and can make sure on their part that the law is implemented properly. In fact, by stating this they seem to admit that the law does not necessarily change much, and that municipalities can still refuse granting services based on budget appropriations. The responsibility was again placed on the municipalities.

Some government MPs seemed to realize this too, but still tried to frame the law as an improvement. MP Erkki Virtanen (Left Alliance), for example, challenged the lack of resources frame by stating that after the introduction of the elder care act municipal decision-makers can no longer excuse their

---

<sup>74</sup> By catastrophic consequences, Mäntylä presumably refers to the then widely reported case of failure of social services to save a child named Erika: This was a tragic case reported widely in the media, where an 8 year old was brutally tortured and killed by her father and mother-in-law, despite several calls and welfare reports filed with the social services.



decisions by referring to a lack of money and lack of legal obligations (PTK 126/2012), and that every Finnish municipality, be it weak or strong, has enough money to take care of their elderly (131/2012); he then went on to say:

And if this [prioritization of elder care services] does not happen through the initiative of the municipalities, then this law will give individual people, the elderly, a chance to also demand these services, which are recorded in the [service] plan, through courts.

(PTK 131/2012)

Here, too, the MP seems to admit that perhaps the law will not force the municipalities to act, but that at least citizens can then take the municipality to court. The interviewees also acknowledged the power of the economic arguments:

I don't really know [laughs] if anything helps when the money has run out, so...

[The economic logic is strong], things go on its terms mainly... but also in the sense that it is not only the economic logic, but the logic of short term economy, and that is a problem in this country, that we do not consider the fact that if we make an investment today, such as improving the position of family carers, that it might pay itself back many times...

(I4, 10, 12)

Here, an NGO representative expresses a critique of the short-term economic logic, but also appeals to it by invoking the idea of an investment paying itself back in the long-term. The difficulties in estimating and calculating the costs of care were also brought up by the same interviewee:

STM [the Ministry of Social Affairs and Health] does not want to interfere in this economic question; they don't want, they don't dare, so to speak, and in every place these things are calculated separately, nor is there any research in STM nor THL which would directly assess, for instance, on the level of population, how much these things cost.

...And there are so many ways to calculate. I remember being in a STM working group [concerning short-term family care] many years ago, mainly about end of life care and such. And they had made calculations about how much more expensive end of life care is in an institution compared to home care. And every municipality that was involved, that was asked [for these calculations], came up with different kinds of figures – they were not commensurable at all.

(I4,13)

Here too the centrality of economics, but also the related difficulties (such as how to put a price on care), how to separate it from the rest of life, how to

calculate it, and the hierarchies (who dares to touch these issues) crop up. As Tronto has put it, 'changing an accounting system is a political, not solely an economic, or social, undertaking' (Tronto 2012, 31).

The elder care act does not directly deal with the issue of resources and money, except in stating that local authorities must assign adequate resources for implementing the plan to support the older population, and so on (see the final elder care act, sections 5 and 9). The requirements laid out in these sections emphasize the importance of planning and preparation (for elder care services), but they remain on such a general and abstract level that they do not constitute clear redistribution for elder care. For example, section five states that '[the plan to support the older population must] develop the volume and quality of the services provided for the older population'. Terms such as 'develop', 'take into consideration', 'evaluate', 'determine the responsibilities', 'support', 'improve', 'strengthen' etcetera abound, but when it comes to the 'musts' that are laid out in the law, they mostly refer to administrative tasks: cooperation between the local authorities and other bodies is a must (section 4); a plan to support the older population must be drawn up and it 'must underpin living in the own home and measures to promote rehabilitation' (section 5); the adequacy and quality of services must be evaluated, feedback gathered and information collected about the financial resources used for services (section 6); local authorities must have sufficient expertise (section 10), and so on. Section 7 – 'Availability of and access to services' – also aims to secure adequate services by stating that

Local authorities must provide social services for their older population so that the services in terms of content, quality and extent conform to what is required for the wellbeing, social security and functional capacity of the older population in the municipality. Services must be provided so as to be available to the older population in the municipality on an equal basis.

The redistributive implications of this requirement, however, remain vague and to be decided upon in the municipalities. This section also seems to merely rephrase the requirements already laid out in other laws.

It seems evident, then, that no significant redistribution for elder care was attained by the elder care act. Yet the financial situation and the demographic structure (and the accepted understandings of what these entail) consistently underpinned the process, forming the 'possible field of action' (Foucault 1982, 790) for the legislators and the different parties who took part in the process.

Even if genuine worry and care for the elderly motivated the process of drafting the law, the hegemonic discourse was so strong that it forced nearly all argumentation to be based on economic effects. The laudable goals of increasing the quality of services, the health of the population, and the right to live at home or in a home-like environment had to be supported with economic rationality. In the government proposal introducing the elder care bill, the section discussing the impacts of the law, there is a subsection

discussing the economic effects. It refers to estimations made by STM together with experts from Kuntaliitto, and admits that very specific estimations of the economic effects of the law on a national level are difficult to make (HE 160/2012, 24). However, the proposal states that the most significant economic impacts will be caused by the need to increase personnel resources or outsourced services in the municipalities (ibid). The proposal goes on to give approximate estimations for different kinds of expenses resulting from the law. It also discusses the impacts on the national economy in more general terms, and notes that due to the changes in demographic structure, the needs and expenses of social and health care will increase inevitably. This increase can nevertheless be restricted by the prevention of health and welfare problems and by changing the service structure (ibid, 26-27).

### **Prevention as the only way**

The idea of preventing service needs from escalating played a significant role in the preparation process. It turned into a nodal point of the hegemonic discourse, tying together different elements related to the aim of remedying deficiencies in elder care (cf. Glynos and Howarth 2007, 179). Prevention in this sense was not, however, a central focus when the ombudsman's reports first instigated the media scandal of deficient care services. It was the (undeclared) dominance of the economic logic in the governance structures of social services more generally that made prevention (of service needs growing) a priority on the agenda of the elder care law as well. A remark by a civil servant in the early stages of the policy process evinces this; while discussing why the elder care bill came to be directed at the elderly population as a whole and not only those who need 24-hour care, those who were in focus in the media scandals and the ombudsman's report in 2009-2010, she explains:

If you think about our age policy or social welfare in general, what objectives do we have... it is to get the [necessary] support at as early a stage as possible. It's the promotion of welfare above all, so that we can postpone and maybe shorten the need for the heaviest services, and thus save in expenses.

(I1, 4)

Prevention, then, is a central tool in the aim to save in care service expenses, which again emerges as the end goal of the other (as such, laudable) objectives of keeping people as fit as possible and living at home as long as possible. Similarly, another civil servant points to the paramount importance of economic sustainability as she compares elder care and care for the disabled:

I think you see in this political discussion that everyone is really emphatically willing to support the benefits of disabled people, and indeed the scale is different, the service structure reform for the disabled concerns approximately five to six thousand people. And then on the other hand, with the elderly, we have already almost 60,000 people needing services, let alone what it will be in the future. The difference in scale is so big, it makes politicians terribly careful in this discussion. You can see this concretely. [...] Of course, economic and, you know, social sustainability are on different scales altogether, you have to think about it very... multi-dimensionally. How to secure sustainability.

(I3, 3)

It appears, from these comments, that it was clear to those involved in drafting the law that particular universal rights and policies (such as the subjective rights of disabled people to certain services) were out of the question when it came to the elder care law, simply because of the lack of resources. At the same time it was necessary to respond effectively to the needs of the elderly, and the solution to the apparent infeasibility of doing both, that is, responding to the needs of the elderly, and keeping the costs at a sustainable level, was to reduce these needs by means of prevention.

Here the elder care act can be seen to function as a steering tool aimed at improving and maintaining the functional capability of the ageing population. Whilst this may be a goal hardly anyone would oppose, it also works to avert the question of improving the position of those elderly people who do need care, even substantial institutional care. No amount of prevention will stop people from altogether needing care. This was the situation of those elderly people whose predicament in round-the-clock care ignited the process of drafting the elder care act. The focus on prevention and the maintenance of functional capacity serves to, perhaps inadvertently, shift the focus away again from the most vulnerable elderly people, making them discursively almost disappear from the policy agenda (cf. Vaittinen 2015).

## **5.4 The question of staff ratios**

As the above already makes clear, the question of redistribution thus showed in a peculiar way in the legislative process. It did not become an object of direct debate but instead coloured the background assumptions of most aspects of the law. A contentious issue instead, and the one that was widely reported and debated in the media too, was the question of staff ratios. In this question too, economics and the cost of care work is a central issue, but as I show here, the hegemonic discourse manages to turn the demands of the *resource discourse* into a matter of management and organization, not money and resources. I argue that this is a key defining characteristic of the whole policy process: that any contentious issue, any contestation of the hegemonic practices and the existing regime, any claim that would require

overt political decisions to be made over resources, is reframed as a question of organization and administration in the hegemonic discourse. This is how the logic of difference largely operated in this case, and it is worthwhile to examine at length how this happened in relation to the issue of staff ratios, as this was the only question which rose to high media visibility as a contentious issue during the years that the elder care act was being drafted.

Firstly, from the beginning of the whole process, the problem of inadequate services for the elderly was connected to a perceived impending care deficit and the disparity between growing care needs and decreasing resources. This is also how Minister Risikko in 2009, responding to the more specific scandals in round-the-clock elder care in care homes, framed the matter at hand when she described the situation of elder care services as ‘the biggest challenge facing Finnish society’ (PTK 84/2009). So from the very beginning of the process, this starting point was taken as a given, and it related directly to the question of sufficient staff, as this reflection on the matter by a civil servant at STM exemplifies:

And indeed the size of the elderly population is growing so much [...] It’s a great challenge, it seems we have to find some new ways to do things, we just don’t have that much [money]. [...] So that is probably one of the reasons why at this moment the staff ratios from the quality recommendations should not be put into the law. Because we must find some new ways to operate here. Really, just think how fast the number of elderly people is growing, and how much staff we lose due to retirement.

(I1, 8-9)

Likewise, another STM civil servant discussing the then recent introduction of a new category of care workers, the low paid, quickly trained care assistants (*hoiva-avustajat*), put it like this:

There’s the idea that, and everything comes from the concern over, what a huge number of folks we need there, just because of the fact that service needs will grow more or less. Of course [they will not grow] directly in proportion to the numbers of aged people, but they will nevertheless grow.

(I3, 10)

The justifications for the elder care bill refer to a recent report by the Ministry of Employment and the Economy, according to which there will be a deficit of at least 20,000 workers in the social and health sector by 2025 (HE 160/2012, 15). Putting staff ratios into the law, then, was not seen to be sensible. There were further reasons for this, in addition to the diminishing numbers of care workers: firstly, the existing recommendations concerning staff ratios were seen to be in need of improvement (so reforming them first was in order); secondly, the different and changing care needs of the elderly meant that fixed ratios were not the best way to secure adequate care, but instead municipalities could be obliged to anticipate the changes in age

structure and the changes in the need for staff (I1, 4- 5). As discussed above, the final elder care act does not include a mandatory fixed staff ratio for care facilities, but the justifications for the government bill (HE 160/2012) refer to the quality recommendations which suggest that service providers have at least a 0.5 full-time equivalent staffing ratio per client.

The question of whether this ratio should be in the law itself turned into a heated public debate and gained lots of media attention in the summer of 2012, as the municipal elections (held in October 2012) were approaching. Disagreements on staff ratios between the two largest government parties, the National Coalition Party and The Social Democratic Party, were at the centre of the debate. The former was against regulating staffing levels in the law, whilst the latter supported this idea. In reference to the relationship between the two parties, the newspaper *Helsingin Sanomat* described preparing for the elder care law as ‘a tragicomic process’, and wrote:

The political minders in the SDP understood that the legislation is actually a most convenient campaign issue for the municipal elections – and above all a great way for the party to distinguish itself from its government partner, the National Coalition Party. [...] [However, it] is a limited issue, which does not jeopardize future government cooperation in any way. A classical ideological dispute is going on, which allows parties to profile themselves and show their colours as the municipal elections approach. The National Coalition Party emphasizes individualism and freedom of choice. The Social Democrats approach the issue from the starting point of the state. Another reason why arguing over elderly care is a convenient election theme for the main government parties is that it can obscure the issue of municipal reform and the related revamping of social services and health care...

(HS 17.8.2012) <sup>75</sup>

As we know, the Coalition got its way, even though it was the only party in the government opposed to setting staff ratios.<sup>76</sup> Coalition minister Risikko (at the time second minister at STM, minister of social affairs and health) argued that ‘we have had to make cuts to state subsidies to the municipalities as part of the inevitable adjustment of the national economy. Adding municipal obligations with a mechanical staff ratio without proper additional financing would not be responsible politics from this perspective either’ (YLE 2012, emphasis added). Here again, the inevitable need to cut spending is the paramount legitimizing argument. Interestingly, after the municipal elections YLE reported that according to their survey 86 per cent of newly elected municipal councillors still agreed, or more or less agreed, that the

---

<sup>75</sup> Original article in English.

<sup>76</sup> Such a strong dominance of the Coalition in this question seems somewhat peculiar. The section on representation below will scrutinize the process from the perspective of democratic decision-making.

elderly should have a strong (subjective) right to a place in a care facility (Frilander 2012).

The role of Minister of Health and Social Services Maria Guzenina-Richardson (SDP) was particularly in focus in the media debate in summer 2012, and her opponents as well as the press blamed her for making u-turns on the necessity of staff ratios (for example Iltasanomat 2012). The minister wrote about the preparation of the law in the largest daily newspaper, *Helsingin Sanomat*, in 28.7.2012. She maintained that she herself supports the setting of a binding staff-to-client ratio in the elder care act (and has consistently done so), although this was against the view of the working group on the law, whose compromise solution was to include in the law an authorization to issue a governmental decree to regulate the number and competence of staff if the situation does not otherwise improve. The minister also argued that despite the claim that putting the staff ratios into the law would be too expensive, in fact the budgetary appropriations which were already decided upon would be sufficient for hiring the extra staff to get to the ratio of 0.5 (Guzenina-Richardson 2012).

Reflecting the confusion around the issue and over Minister Guzenina-Richardson's views (now also including her views on staff ratios), in August *Helsingin Sanomat* wrote that the staff ratio of 0.7 that Minister Guzenina-Richardson allegedly supported would double the price of the law. In any case the issue was about to be decided in the budget negotiations which were to be held soon (Silfverberg and Sutinen 2012). The compromise that the government reached during the negotiations was to aim for the minimum ratio of 0.5 by including in the bill a moment authorizing a governmental decree that could regulate on the issue if necessary: the general justifications of the bill explain that if in the impact estimation of the quality recommendations by the end of 2014 even one facility is found where the level is below the minimum, the government will give a decree about the staff ratios in the beginning of 2015 (HE 160/2012, 7). The prime minister, Jyrki Katainen (Coalition), commented that this was a strong command and incentive to municipalities and care facilities to fix the most blatant grievances in elder care (STT 2012). However, as discussed above, this procedure was later deemed unconstitutional.

So finally the view of the working group and the Coalition prevailed. According to Minister Risikko, the Coalition had reached their position on the basis of reports by THL (Ahokas 2012). Several other experts commenting on the law were also of the opinion that fixing a minimum staff ratio in the law was not advisable (I9, 10-11). This viewpoint then became tied into the hegemonic discourse, according to which the best way to manage elder care services would be hampered by such fixed ratios.

Those supporting and demanding the staff ratios, for example the social democrats and the trade union SuPer, were defeated. And whilst a commonly articulated worry was the question of 'how we will in the first place find motivated, professional personnel in the future' (PTK 126/2012,

Grahn-Laasonen, Coalition), SuPer also challenged to some extent the idea of the inevitability of diminishing personnel resources:

But I don't see that the [ageing of care workers out of the workforce] is actually that big an issue here. As I recall the average age of practical nurses according to a research by THL was 45 in 2010, so it is not that high actually. [...] But the thing is I don't see it as such a negative issue.

(I5, 4)

SuPer were the most vocal advocate for staff ratios. They organized a petition in autumn 2012 before the elder care bill reached the parliament, to demand that staff ratios be included in the law. The petition, which garnered 43,000 signatures, was given to Minister Guzenina-Richardson in October 2012. SuPer claimed that the minimum staff ratio of 0.5 was not enough, and argued that the only way to make employers comply with their obligations would be by law and by setting sanctions for non-compliance (Hanhivaara 2012).

When the bill reached the parliament, the opposition argued against the government and emphasized the importance of securing sufficient staffing:

One of the biggest grievances regarding the care received by aged people is the insufficient amount of staff. No matter how hard-working and professional the nurses are, care cannot be of high quality if they do not have enough time for it. In care situations one should have enough time both for physical ailments and for social interaction. Assembly line style caring is far removed from good quality care, because who is being cared for is a human being, not a robot. [...] [It is] very important to have enough resources for staffing and to improve working conditions. According to research as much as tens of thousands of care professionals have moved to other sectors.

(StVM 27/2012, protest 2)

However, the protests filed by the two opposition parties at the Social Affairs and Health committee did not include the suggestion to introduce staff ratios, and the protests were dismissed in any case.<sup>77</sup>

Nevertheless, the opposition made the most of the watering down of the promises made by SDP concerning staff ratios. MP Annika Saarikko, Centre Party, put it like this:

This elder care law has included all the ingredients of a good and interesting political drama this autumn. Therefore it now feels a little bit as if this political drama has got a slightly embarrassing ending. We all remember clearly how elder care services and this law concerning them became an object of great attention in the budget negotiations of Katainen's government at the end of the summer. The main parties in

---

<sup>77</sup> This is very typical, as the government party MPs almost always vote according to the views of the government, and the government is typically a surplus majority government.



the government, the Social Democrats and Coalition, competed over whether the law needs a clause on staff ratios, that is, how many nurses are needed in institutional care per patient. Finally it seemed, at least to me, that when they came out of the budget negotiations with an ostensible compromise, nobody really knew what in fact the government had decided about the issue.

(PTK 126/2012 Saarikko, Centre)

Similarly, MP Rehula (Centre) criticized the end solution to the question of staff ratios, (that is, the resolution) by referring to earlier situations where a resolution remained ineffectual and was never acted upon (PTK 126/2012, Rehula). Critiques and debate were also heard over the details of the preparation process particularly in relation to the constitutionality of regulating the staff ratios by decree.

Tell me, dear representatives of government parties, how can it be possible, that here we are, in mid-December, in a situation, where the Constitutional Law committee is the first party to intervene [to say that] this big an issue cannot be regulated by a decree. How can it be possible, that a bill that comes from the government and through its civil servants, has no mention of the fact that this is a matter [which must be regulated on the level of law] and cannot be regulated by decree. This is an astonishing political process.

(PTK 126/2012, Saarikko [Centre])

A different take on the matter was given in the preliminary debate of the elder care bill, by a government party MP:

Political realism was perhaps the truth that brought down the [staff] ratios in institutional care at this point in the handling of the bill. [...] It is also good that as regards this law, the municipalities will be assisted with a 54.3 per cent state subsidy, and not 30 per cent, which has also been the realism of recent years.

(PTK 110/2012, Paatero [SDP])

Here ‘political realism’ seems to refer to the economic situation, and the allegedly inevitable lack of resources, which in turn is seen to be largely out of the hands of the politicians.

On the opposition side, MP Arja Juvonen (Finns) argued that the gimmickry concerning the authorization of governmental decrees on staff ratios [which was deemed unconstitutional] was used to make the law seem formally adequate in a situation where there was no will to actually target necessary resources for good staff ratios (PTK 131/2012, Juvonen, Finns). Here again, invoking the nodal point of ‘dwindling resources’ comes through as the decisive factor shaping the decisions regarding the law. Likewise, the goal to keep expenses down shows in the statements of the MPs of the government parties, who emphasized that securing enough staff is not sufficient for good care:

We should note that we need adequate resources to realize rehabilitating care, but, put the other way around, there can be plenty of resources in a work community, but they are not of help if professional skill and know-how are lacking. Now hopefully this law directs the municipalities to fix both issues, the number of staff and also professional skill, because this is humane from the point of view of the elderly, but in the long run will surely be most affordable too.

(PTK 126/2012, Mäkisalo-Ropponen, SDP)

I think the more essential question here is that we'd talk about how we will in the first place find motivated, professional personnel in the future, and how these personnel resources, be they 0.5 or somewhat more or less, are being utilized in practice in the municipalities and workplaces: how the work shifts are organized, how the work is organized, what the premises are like which are in use, and how practical they are, and on the other hand, how different appliances and progressing technology are used in elder care. These are surely larger questions which will also make possible some kind of cost savings, and savings also in how much staff is needed round the clock.

(PTK 126/2012, Grahn-Laasonen, Coalition)

Similar points were made by many of the commenters on the drafts of the law who advised against putting fixed minimum staff ratios into the law. Instead, flexibility in the changes of personnel structure and expertise in organization and management was called for (for example C2, 92).

So even though the resource discourse gained some visibility and arguably supplied a significant level of support for the demands for staff ratios, it did not win over the working group who prepared the law, or the key political decision-makers in the government. And whilst some of the politicians who were against fixed staff ratios admitted that the allegedly inevitable economic situation was a factor, if not the factor, affecting their stance (for example Risikko, quoted above), references to supporting expert views were also made. Here the argument was that fixed ratios might in fact hamper the best possible management of care work (I9, 4).

However, again the fact that the debate and the scope of the legislation was limited from the outset, in that the questions of organization and production of services were not taken into account, served to narrow down the discussion. Consequently, certain relevant arguments were not taken into account: as pointed out in a statement on the second draft law, there is a contradiction regarding staffing levels between the services provided by the municipality itself and outsourced services. The private service suppliers, from whom the municipalities buy outsourced services, are required to have a specific (professional) staff ratio to even get a licence to function (C2, 33). In light of this fact, and the fact that about half of the elder care provided in intensive service housing is privately supplied (Noro et al. 2014), the refusal to set similar minimum standards for the whole sector seems peculiar, and might be problematic from the perspective of equality.

However, even though the question of staff ratios attracted a good deal of attention in the media and in the parliament, and getting mandatory staff ratios into the law was vocally supported among others by SDP, the second government party, eventually this position, which would have entailed extensive direct redistribution to elder care, was rejected. Some suggested that in fact it was a strategic move and bluff from SDP to first vocally demand a 0.7 staffing ratio which they knew they would have to reduce (given the Coalition's stance). In this way they would gain credibility as supporters of the elderly and could later make Coalition back down on some other issue (Uusi Suomi). (The writer of this critique seems to accept that, indeed, securing the resources needed for a higher staff ratio is in fact impossible.) Similarly, an interviewee, a civil servant at a state research institution, criticized the way political decisions seem to be made: 'political decisions seem to be more than anything else a sort of image issue' (17, 1).

It is not my aim to speculate about what actually happened 'behind the scenes' in the government budget negotiations or other procedures. The purpose of analyzing the debate over the staff ratios is to highlight the discursive struggles about care that took place, and show how the logic of difference operated in this case. The hegemonic discourse managed to maintain the status quo (where no guarantee about the level of staffing is given) by appealing to expert viewpoints about the possible dangers of such limits, and by invoking the nodal point of dwindling resources. By not discussing the level of service production they also effectively concealed certain aspects of existing policies, namely how the outsourcing (or not) of services affects staffing policies (cf. Howarth 2010, 321).

## **5.5 Nodal points and floating signifiers: how regulation becomes the cure-all**

So how did it happen then, that a law with so much promise turned into a seemingly ambitious but practically status-quo supporting steering tool of neoliberal governance? The above analysis already shows some of the myriad ways in which competing perspectives and claims were subsumed and incorporated into the hegemonic discourse. I next make some further observations about the way the hegemonic discourse managed to order the various elements at play during the policy process in such a way as to maintain the existing practices of elder care, whilst in the background the (neoliberal) reforms, which had begun already earlier, continued.

The whole concept and idea of an elder care act functioned as a floating signifier at the beginning of the process, as different interest groups and actors in the field of elder care attached differing hopes and meanings to it. Often tied to these hopes was an idea of better or more binding regulation, which also floated around as a signifier to which different ideals were pinned. However, as the process went on, a specific type of regulation came to be

articulated and emerged as the hegemonic one, and with it the law itself got its shape and the floating of these various ideals came to a (partial) momentary closure when the bill was passed. For example, as discussed in chapter 4, the resource discourse, produced by many of the commenters on the draft laws, proposed that the law should force the municipalities to allocate more resources to elder care, whilst the hegemonic discourse aimed to make the service production more efficient, claiming that increasing resources is not really possible.

But before the bill was finally passed, a plurality of elements were utilized in binding together and creating this particular understanding of what kind of regulation the elder care law should be about. As preventing the escalation of service needs was seen as the only possibility to cope with the impending care deficit in the hegemonic discourse, it was tied to all the other measures introduced in the elder care act. Hence, as discussed above, the idea of prevention was a key nodal point in the process, along with the connected nodal points of what I call the dwindling resources and bureaucratic division of labour frames.<sup>78</sup>

Further elements of the discourse can also be identified which emerged as important concepts supporting the hegemonic perspective of the process. These concepts supported the idea of preventing the increases in expenses. Firstly, the ideas of individual needs and individualized care and services were presented as a solution and response to guarantee better care, a key demand at the beginning of the process. Care specifically tailored for each individual was to be attained through the comprehensive and timely investigation of service needs, and the planning of services that correspond to these individual needs (elder care act, section 15; HE 160/2012, 1, 32). The individuality of care services was presented as a tool to both better respond to the differing needs of people, and to make the service provision more effective. It also served to avert the suggestions to include in the law universal rights such as a right to get to go outdoors.<sup>79</sup> As an interviewee at Valvira (the national supervision authority) put it:

---

<sup>78</sup> There were no specific expressions or words in use for these ideas, rather many different expressions were utilized to convey these ideas. I nevertheless conceptualize them as nodal points, because of the repeated nature of very similar arguments: 1) claims of there simply not being enough money/resources (thus, 'dwindling resources'); and 2) claims of there being an accepted way to manage national social policy, whereby issues are dealt with in a particular controlled and ordered manner (hence 'bureaucratic division of labour'). One might also speculate that part of the reason these ideas did not have single terms as signifiers was the fact that they were not challenged or discussed critically during the process, but rather remained as naturalized constraints which need not be clarified.

... it's a very individual thing, who needs to go outdoors everyday, who many times a day, who once a week, and you cannot ask because people have good days and bad days, so you cannot make a demand that everyone must get to go outside every day.

(18, 4)

Furthermore, such universal minimums were framed as a threat to the quality of care:

... [and if getting to go outdoors was a right, would it be then] that people are just moved to sit on the balcony, and that's it? Just sit there until someone takes you away.

(18, 4)

These arguments undermine the ideas of universal service provision by framing it as contradictory to the individual needs and situations of those in need of services. Hence no provisions which would define and guarantee good quality care for instance in terms of a strong right (not a duty) to access the outdoors at certain intervals (for example, as it is stated in the law concerning prison inmates), were included in the law.<sup>80</sup>

Instead, and secondly, *quality* of services and care was tied to the individual treatment of care receivers. Quality thus came to mean care according to the well investigated service needs in the hegemonic discourse, whilst at the beginning of the process the idea of quality services was a floating signifier to which many different parties appealed in their demands, for instance in the comments on the draft laws (REFs).<sup>81</sup>

---

<sup>80</sup> Whilst worries about the elderly not getting to go outdoors regularly in 24-hour care were voiced at the beginning of the process, this question did not gain much visibility later on. However, in 2013 there was some organizing around the issue, with a citizens' initiative calling for the inclusion of a right to daily time outdoors in the act concerning the right of patients and clients (of social and health care services) to self-determination. However, the initiative was not successful, as it did not gather the required 50,000 signatures, remaining at only about 15,000.

<sup>81</sup> As the hegemonic discourse is largely created through the documents, arguments and material produced by the ministries and other governing bodies, further attempts to define quality in a specific way can be found in administrative documents of elder care. These definitions can be quite far removed from the everyday understandings of good care, such as in the most recent national quality recommendation concerning services for the elderly:

*The quality of services* means the ability of the service to respond to the investigated service needs of the clients systematically, effectively, according to the regulations and cost-effectively. Quality service maintains or improves the functional capacity of the client and increases health benefits, but also secures good palliative and other care at the end of life. Good quality service is a) effective and safe; b) customer-oriented, and responds to the needs of the customer and c) well coordinated. (STM 2013:11, 10)

The attitude of care workers and nurses was also emphasized as important in securing quality of services, as is explained in the objectives of the elder care bill:

The provisions concerning the principles in responding to service needs might cause [care workers] to have to check their attitudes toward aged customers, and to renew the caring methods in use. The effects of these provisions extend to the immediate superiors of the workers, as they are in a key position when there is a need to change the attitudinal atmosphere and work culture of the unit.

The experience of the customer of the quality of services is essentially affected by how his/her individual needs and wishes are taken into account, in what form his/her service is realized and how the staff responds to him/her.

(He 160/2012, 19,27)

Here increased regulation is seen to be necessary:

The basic provisions concerning the rights and proper treatment of a customer and patient are included in the [relevant acts concerning customers and clients]. These however, are general [acts] and require more specific provisions, in which the special needs of aged people are taken into account.

(He 160/2012, 19)

Again, the idea that better resourcing might be of importance in securing better care fades from view when focus is placed on the level of the individual.

Third, living at home and home care were a repeatedly expressed principle which would play a central role in the reformed elder care services. It was framed in terms of individual treatment and care, and choice, as it was assumed by almost everyone commenting on the issue during the process that everyone's first choice is to live at home as long as it is possible. But this ideal of living at home was also a contested concept, a floating signifier, at some points, as it was challenged as the best solution, and even framed as a potential lack of care, neglect and abandonment of old people. Different arguments were put up criticizing the notion of living at home as the best policy: There was critique about the insufficiency of existing home services, with for example THL quoting figures which showed that the experienced deficit of home care has tripled since 2004 (StVM comments, THL). The National Audit Office, too, already in 2010, argued that objectives set for home care services have not been accompanied with adequate resources, which has in practice led to a reduction in the quality of services. Furthermore, the practices in home care and how municipalities charge for it vary a lot between regions, and it is unclear what is in fact meant by home care. According to the Audit Office, the idea that home care is a cheaper option compared to institutional care also does not always hold (National

Audit Office 2010, 8). Similarly, the Finns argued that, ‘the prospect of emphasizing home care is humane, but institutional care should not be run down gratuitously, as those in the worst shape do not cope with home care’ (StVM 27/2012, Protest 2). Interviewee of SuPer (the union of practical nurses) also argued:

That people can live at home in principle is not a bad thing. But it must be resourced in such a way that it works, and that’s a bigger question then. But home care should not be chosen on the basis of its being cheap and easy.

(I5.4)

Another critique of home care maintained that there will inevitably be people who at some point cannot live at home anymore, even if they wanted to, and it will be important to make sure they get institutional care when needed. This news article is from 2014, also showing that the debate concerning elder care still continues:

In my [Paavola’s] opinion an elderly person cannot be made to evaluate what is the best care for them; rather, they need guidance. A person with dementia (muistisairas) might think that home is the best place for him/her, even though in reality this is not the case.

(Kantomaa 2014)

Silja Paavola, a representative of the practical nurses union SuPer, here articulates the kind of reality of care relations which is largely absent from the hegemonic discourse which instead emphasizes individual choice and decision making. Paavola seems to understand care in the sense that Mol (2008) has discussed it as a logic of its own, where what is central is not what people want, but what they need.

The pervasiveness of care relations and the way people continuously care for each other, and how these relations and work is made invisible in politics based on the ideal of an autonomous citizen (chapter 2), also came up in the interviews. The NGO representatives critiqued the way family care relations are not recognized in municipal home care services:

There are really a lot of people who the municipality classifies as being [receivers of] home care, and then they sort of forget that this home care is not enough... There are all the time these family members involved, either living there too, or otherwise managing the household.

(I4, 9)

These types of articulations, however, were rare during the policy process. They were either ignored, or the demands implied in them were averted by reference to the nodal point of bureaucratic division of labour, through which – it was assumed – eventually all these issues would be managed in the best

possible way. Next I will look into the ways the hegemonic discourse managed to do this. A focus on the level of regulation and indirect steering was central here, but procedures and structures of representation also proved significant.

## **5.6 Regulatory sleights of hand – from competing articulations to a hegemonic discourse**

Key decisions as to how the elder care bill was framed were made at the Ministry of Social Affairs and Health, where during the process of drafting the law various viewpoints, some of them conflicting, were represented and heard. What ended up in the law reflects the hegemonic discourse, which, I argue, is characterized by a neoliberal approach and related concepts which dominate present day social policy in Finland generally (see chapter 3). For example, while the language of human rights, humane treatment and dignity was evident at the beginning of the process (for example in the interpellation debate), the objective of the law is now framed in terms of supporting functionality, improving access to participation and services, and strengthening the opportunities to contribute to deciding on the choices regarding them (elder care act, Section 1). Already at the first stages of preparing the law, this turn is evident: a very preliminary (not public) draft produced at the Ministry of Social Affairs and Health states in the first article that the objective of the law is to ‘secure the dignified/humanely dignified old age/quality of life of the aged person’ (STM 2010a, 1, my emphasis).<sup>82</sup> These terms are dropped already in the next (also not public) version some months later, when the objective is ‘to promote the wellbeing of the elderly and secure that their right to needs-based social and health care services is realized’ (STM 2011a, 1). In the final law, the language of ‘securing rights’ is supplanted by an aim ‘to improve the access of older persons to social and health care services of a high quality’ (elder care act, Section 1).

Similarly, critiques concerning the limited scope of the law, and its focus on ideal procedure instead of the actual practices in the production of services, were articulated by some of the actors in the field:

It is not enough that we have these channels for complaining, so to speak, that you can complain to some state agency or Valvira when things have already gone wrong.

(14, 12)

And there is the question of humaneness, of the cost of not following [adequate staff ratios] and then we have old people die because of bad care. Like this example from Sweden some weeks ago, when an elderly person died of hunger.

---

<sup>82</sup> In this version the article lacks any mention of securing services, but it is noted in brackets that the role of services must be returned to here.



These kinds of concerns, however, were subsumed into the law process, as the hegemonic discourse maintained that such problems would be corrected by the improved procedures that the law would bring. For example, the ministry officials, that is, the civil servants preparing the law, argued that fixing minimum staff ratios is not the best policy, and maintained that a lot depends, as well, on the organization of the work, including for example working shifts (I1, 5). This argument focuses on the ideal arrangements which would improve and rationalize care practices, but it does not pay attention to the way in which the services are actually currently produced. For example, the fact that services are increasingly outsourced and competitive tenders are increasingly used in the public procurement of elder care services is not considered or dealt with as a factor shaping care service production (see chapter 3). The implications of outsourcing, however, are quite significant; for example, it is in any case necessary to set a minimum requirement for staff when competitive tendering is used in selecting producers, so that comparisons between different service providers are possible and fair.<sup>83</sup> The reports to the ombudsman that proved crucial in the ignition of the whole legislative process pointed out how sometimes there are more problems and less staff in public institutions, precisely because of the more stringent demands on private companies, which are better monitored. Their terms of operation are also set to certain parameters through the competition procedures. Therefore, it can be argued that it is problematic to separate the organization reform to its own working group and reform, and such separation can also explain to an extent why the elder care act cannot solve the problems it was supposed to solve and why it cannot guarantee equal, good quality care. Thus, I argue that the act does not touch some of the most relevant factors that actually determine service provision.

These issues of organization and production of services were brought up in the reports to the ombudsman, which first revealed the wide-scale problems in elder care. For example, one of the County Administrative Boards discussed the implications of the increasing outsourcing of services:

The cost liability of services has increasingly been moved – and will move – to the elderly persons themselves, who often have difficulties in comparing prices and service producers; dividing the care product to several subcontractors (for example for cleaning, laundry, food) decreases the quality of care: the service is not comprehensive, especially when economizing on personnel takes place.

(LSLH 2009, 5)

---

<sup>83</sup> It should be noted that personnel make up a minimum of about 70% of all costs in this business sector.

This statement exemplifies descriptions of the problems of marketization that were articulated during the process that led to the elder care act, but which, significantly, did not succeed in being heard or discussed, as the hegemonic frame averted such questions simply by starting off from a limited perspective of procedural rights. The focus on abstract rights, administrative obligations and procedures (how the services are meant to be granted and received, detailed in the law) functioned as the official rationale and as cover to the underlying justification for not making the law more practically significant and binding. This can be interpreted as a refusal, a political choice, to not make considerable redistributive arrangements to the benefit of elder care (both care receivers and workers). Such was the hegemony of this position that significant redistribution was widely seen as simply impossible, and the need to reduce costs inevitable.

Not surprisingly then, many speeches and addresses in the parliament were heard that expressed wishes for the 'spirit of the law' to be realized in the municipalities. It was clear that this law, as such, would not have the power to enforce many improvements; on the contrary, and as for example the Ministry of Finance in its comment on the second draft of the law stated:

The draft bill includes several general target norms. The realization of the target norms depends mostly on the practical solutions regarding the organization and production of services, and on adherence to quality recommendations. Some of the provisions also include concepts whose application and interpretation might cause problems in practice.

(C2, 98)

Again, it is clear that economic concerns dominated and shaped the argumentation and the course of the policy process. Mostly, however, questions about money remained on an implicit level, and the economic facts of the matter were accepted and taken for granted. General calls to ensure the financing of the law were heard repeatedly, and a certain amount of government funding was allocated for the implementation of the law. However, the redistribution was small, and in no way transformative of elder care relations. No overt political debate and claims making over redistribution surfaced in the process and the hegemonic regime managed to divert the discussion mainly to other issues and reframe claims over redistribution into questions about administration and regulation.

The elder care act enables the continuation of the restructuring of care services according to the neoliberal agenda. Or more accurately, the law is formulated in such a way that this neoliberal agenda is in no way threatened and is able to go ahead in the background, through other reform projects and through the choices made on the municipal level. At the beginning of the elder care bill/act policy process some critiques were also articulated about these ongoing restructuring reforms. For instance, in the reports of the

County Administrative Boards to the ombudsman it was argued that these reforms often entail and conceal an actual deterioration in service quality:

The rearrangement of the forms of service available have been made on the premise of an aim to redistribute the costs of the state and municipalities (for example by changing nursing homes into units of service housing). In these cases staff ratios have often been cut down, even though the service needs of the elderly have remained the same.

(ISLH, 3)

To empty the beds in [hospital] wards, small one-person rooms in nursing homes and service housing have been transformed into rooms for two; the coverage objective for institutional care (3%) has made municipalities reduce the places of institutional care without increasing resources for outpatient care; the units of intensive service housing have turned into places where elderly people who need substantial care are located without increasing personnel...

(ISLH, 5)

Similar critiques concerning the disparities between governance objectives and the realities of care came up in one of my interviews with NGO representatives:

So in a sense, if you think about this as a question of human rights, the elderly are those in need of care and one way or another they should be [cared for]. The percentages do not help, if you just say that only three percent of over 75-year olds can be in institutional care, if they absolutely cannot [be cared for anywhere else], if there are no family carers, and if family carers are not encouraged, or if there are no other services so that people could cope, well those percentages are not of much use here.

(I4, 12)

They also critiqued the way the transformation of institutional care into intensive service housing units and the concomitant lack of consistent regulations concerning service fee payments (in service housing) hides the fact that costs are actually being transferred to the service users themselves:

Transforming [these care institutions] into units of intensive service housing [is] justified with humane treatment, but by the way, from now on the customers will have to purchase...

[the second interviewee continues] ... toilet paper...

[the first interviewee continues] ... yes and furniture and everything [...] But often the walls remain the same as it were, but this system changes.

In institutional care a fair amount of spending money must be left [to the customer], if you consider that everything [needed for living] comes from the institution. But then when you are in a unit of outpatient care [that is, service housing], you buy the medicines yourself, you buy the toilet paper [...].

Just as an example, an elderly care ward, that's been the name, this kind of ward for old, chronically ill elderly people, is turned into a unit of intensive service housing, and then it's twisted like this...

[the other interviewee continues] The payments are twisted.

(I4, 6-7)

In their comment on the first draft act, this NGO put the same point simply: 'In the service housing system, the municipalities transfer their responsibility for the costs to the service user' (C1, 54).

Regulatory innovations and reorganization of service structures, the renaming of care practices from 'institutional care' to care in (intensive) service housing, for instance, do not change the care needs people have. Nor does simply changing the name and organization structure of an old institutional care unit or a ward necessarily change anything on the level of care practice. Instead they cannily frame a redistributive move that increases the individual's share of the costs of care as an emphasis on homelike living. As the above quotes show, this is understood and critiqued by some of the NGOs and civil servants in the field. Critical perspectives of such developments where the move away from institutional care does not seem to be real, were even presented by some of the municipalities themselves, as this quote from a statement on the first draft of the law exemplifies: 'The care practices of present-day intensive service housing units resemble worryingly those of the traditional institutional care' (C1, 36). These kinds of arguments are however suppressed in the hegemonized discourse which presents such kind of administrative reforms as positive solutions to the challenges of elder care.<sup>84</sup>

A quote from Talentia (trade union of social welfare professionals) also articulates the possible contrasts between the level of praxis and the focus on procedures and administration:

The government bill includes obligations to make different kinds of plans, accounts and reports (among other things, a municipal plan of measures and organization of services, an annual estimation of the sufficiency and quality of services, which is based on the feedback from services users, their families, and staff, information on economic resources, staff numbers and education, account of service need,

---

<sup>84</sup> It is not my aim to evaluate such reforms as good or bad, but rather to show that they are a way that the governance of care as efficient administrative reform, which is framed as a necessity, in fact entails political choices and an exercise of power through which responsibility for costs is shifted to the individual, like this example of service housing reform shows.

estimation of ability to function, service plan, self-monitoring plan, information on waiting times to be published and so on), which in itself, in terms of quality and supervision, is a good thing. On the other hand, the danger is that bureaucracy and administrative tasks increase, but there are no opportunities to analyze the reports and actually develop practices according to them.

[...]

Extending the spirit of the law to practice requires significantly better resourcing than what we currently have both for institutional and home care and for management and administration. How will this be realized without an obligation from the law?

(C2, 88)

In many ways, the law is ambitious in its scale and the issues it covers. But in many instances it remains on the level of declaration, describing an ideal procedure, the realization of which is not supported with redistribution or sanctions. No new subjective rights and very few strong and precise stipulations are made, a further example of this being the way the law states that '[l]ocal authorities must ensure the permanence of long-term care arrangements for an older person, unless it is necessary to alter an arrangement as wished by the older person or on account of the person's changed services needs or for some other particular reason' (elder care act, Section 14).

One problem with permanence in long-term care arrangements has been the unequal way in which family care allowances are granted. The law concerning these allowances is still the basis for organizing family care support, and it is dependent on budgetary appropriations. The municipality can therefore still decide not to grant family care allowances, because of the economic situation, even if this threatens the permanence of long-term care arrangements for an older person. The law thus does not change the status quo as regards family care. (Improving the position of family carers was one of the repeated demands of the MPs in the interpellation debate, and for example the Association of Care-Giving Relatives and Friends demanded that family care should be taken into account in the elder care act.) So it seems that the conditionality of section 15 of the law ('unless...') in fact renders the whole section a null instruction. This is at least the interpretation of the Ministry of Social Affairs and Health in their replies to frequently asked questions about the elder care act on their website:

Section 14 of the elder care act concerns the principles of long term care and as such must be taken into account in the planning and implementation of services. However, it does not grant the customer a subjective right to, for example, family care [allowance]

(STM 2014)

Similarly, in the section on the principles for the provision of long-term care and attention (14§), the law states that ‘married and cohabiting couples must be offered the opportunity of cohabitation’. In practice this remains a recommendation too, as the STM webpage explains:

‘The elder care act does not grant a subjective right to live together’ (ibid). So, from promises to legislate on elder care because quality recommendations are proven not to be enough, we arrive finally at a law which remains as ineffectual as those recommendations.

## **5.7 The ambiguities of representation**

While the above analysis has shed light on the different aspects of the policy process, and already dealt with the ways different parties took part in it, it is worthwhile examining in more detail the level of representation, in Fraser’s term the specifically political dimension, in relation to this process. There are several points to be made here. On one level, the representation dimension of the policy process seems to have been unproblematic. The hearing processes of the law were particularly extensive (see chapter 4), and a wide range of interest groups, experts and affected parties were consulted. However, if we take into account what the results of this research reveal, that is, that the significant defining terms of reference for the discussion about the act in the policy process were set outside of these hearing processes, it is a different scenario. In fact what this suggests is that the state’s decision rules which structure the democratic legislative process and participation in it, are in a significant way flawed. The hearing processes and participatory preparation of the elder care act, which as such were laudable, do not in fact get to affect the more important ‘big decisions’ (as dubbed by interviewee I3 below) which concern in particular economics, that is, the redistributive dimension. A civil servant involved in preparing the law at the STM admitted that of course this law cannot solve all the problems of elder care, but also referred to the big decisions made in the background:

... so as such, what happens in the background, the big decisions, well of course they will [affect the elder care bill] [...] But these big questions concerning the organization and financing, they concern the whole social and health care sector...

(I3, 6)

So these larger questions and the bureaucratic division of labour seem to offer a legitimate reason to not attend to the questions of redistribution in the elder care act. However, as Fraser’s framework already suggests, and the analysis above affirms, symbolic recognition and regulatory innovations per se have limited capability to effect any kind of change: redistribution in some form is required, and the elder care act, too, in fact aims for redistributive effects (that is, to restrain cost increases) indirectly. Similarly, the structural

reforms towards out-patient care and living at home or in home-like environments are also shown to actually entail redistributive moves where costs are shifted increasingly onto the shoulders of the individual (see also chapter 3).

Such significant moves are clearly political, but now it seems that the ‘specifically political’ structures of representation, of democratic political participation, are not the route to making these moves and decisions, at least not in the case of the elder care act. Several limitations can be identified here as constricting the scope of democratic possibility in the setting of the policy agenda and formulating the law in this process. They pertain to a particular governmentality which discursively produces certain social constellations as inevitable ‘facts’, and to path-dependencies in institutional arrangements, which also appear as sedimented, to the extent that any political challenges of them or demands to undo their effects are easily dismissed as impossible, or subsumed within the dominant expert discourse.

As already discussed above, the bureaucratic division of labour between the different law reform projects of social policy left a very limited remit for the elder care act. Still, however, the rhetoric of the leading politicians framed the issue as one of great significance; for example, the then Minister of Finance, Jutta Urpilainen (SDP) in 2012 saw the elder care act as equivalent to the historic law on public health and the comprehensive school reform (Sutinen 2012). Likewise, the fact that the hearing processes were so extensive would seem to be related to the seemingly great importance of the law.

A question that begs an answer here is the role of all the feedback, that is, the statements gathered during the preparation process of the law: What does it mean that the statements received are ‘taken into account’ as the minister put it (PTK 110/2012, 1) in the legislative process? The ministry documents which summarized the feedback gathered for the two draft versions of the law explained how many commenters expressed contradictory opinions (for instance whether or not mandatory minimum staff ratios should be included in the law). The summaries also gave examples of the arguments the comments expressed, and stated that ‘the feedback of the comments has been utilized in a versatile way in the continuation of the preparatory work’ (STM 2012b, 9). What does this mean?<sup>85</sup> As this research shows, it seems that it was the views of those that matched the hegemonic

---

<sup>85</sup> Surely it could not be about numbers, in that each statement would be given the same weight and then a simple calculation would decide which side of a given argument is the correct one. Not only is this feedback gathering clearly not meant to be about voting on certain matters, but the commenters also represented very different types of agents. Some were representatives of clear interest groups, others single experts of the area, yet others representatives of different state and municipal bodies. Some represented an association or society of tens or even hundreds of thousands, some single individuals etc.

discourse that had the most impact. The whole point of gathering and utilizing feedback in this way is somewhat problematic. It seemed that the feedback was measured against what was considered necessary or inevitable, and it was simply noted that some opinions were contradictory. The causes and reasons for these different opinions (and perhaps conflicting interests) were not analyzed or spelled out, rather they were played down. The weight or significance or quality of the conflicting arguments is also not discussed explicitly or publicly during the policy process (except to some extent in the question of staff ratios). In fact, this would have probably meant bringing to light the conflicting interests and questions of resources which now were suppressed and dismissed, as the whole issue was turned into a matter of best governance, expertise, regulation and supervision.

Here the resource discourse did not manage to penetrate the debate. The role of the Ministry of Social Affairs and Health, and the division of labour between the different ministries, also came up in the expert interviews. When interviewing an NGO representative I mentioned that another NGO interviewee had speculated that the STM is not willing, or that they are afraid, to push their own view on resource questions and money; the interviewee responded like this:

I think that -- well the state governance did change, the role of the Ministry of Finance was strengthened in the 90s, and I have a background in ministries, so I think, and from my interaction with civil servants from the Ministry of Social Affairs and Health in my previous life, that they are on the same kind of leash as the Ministry of Education and Culture [where I worked]. The Ministry of Finance does direct strongly on resource allocation. [There is] all this sort of politics [going on] in Finland. So this view that they are afraid [at STM] might well be correct...

(I5, 5)

As chapter 3 demonstrated, many of the political commitments and defining path-dependencies as regards elder care and social policy more widely, had already been made during the 1990s, and earlier. According to Yliaska (2010, 2014) power in Finland was effectively centralized from the local level to the central government, especially to the treasury. The separation of strategic and operative levels of governance meant that control over public resources was reallocated to the state, at the same time as 'operational' power and responsibility to arrange services was left to the municipalities (Yliaska 2010, 369; Ryyänänen 2008). These past decisions have led to a situation where the relationship and the division of duties between the state and the municipalities remain somewhat contradictory, with the municipal economies suffering from significant imbalances (Ryyänänen 2008; Matikainen 2014).

The municipalities' opportunities to make decisions democratically are thus curtailed because of their dependence on state subsidies, and also because the existing structures of social and health care service provision are



so complex and function on many levels (from local to national to European). As the service organization working group put it in their report (STM 2011:7, 65),

Democratic decision-making concerning social and health care is in many municipalities of a token nature, because the municipalities have moved the responsibility for organization to various shared (between several municipalities) and often complex governing bodies. Social and health care has been withdrawn from other decision making, and financing and organizing responsibilities are separated.

(STM 2011:7, 65)

However, apart from the occasional demand to bring back ear-marked state subsidies to secure better resources for elder care, in the process of drafting the elder care act there seemed to be a wide acceptance and (mis)understanding of the position of the municipalities as autonomous (and thus to blame for the lack of adequate funding in elder care) in relation to state governance. The acceptance, and in a sense de-politicization, of the nature of this relationship contributed to the narrowing down of the democratic process of creating the elder care act. I argue that the way the governance of social policy is set up, from the institutional arrangements between the state and the municipalities, that is, the financing of municipal expenditure, to the regulatory division of labour in the ministries, undermines democracy. The democratic channels and participatory procedures in the drafting of the elder care act did not have any power to affect the setting of these wider frameworks which largely determine the limits of possible courses of action. It meant that participants of the legislative process had no chance to significantly affect the distribution of resources for elder care, arguable a key factor of care politics.<sup>86</sup>

There is a curious parallel to be drawn here with observations made in feminist research about power escaping from women. Arguments have been made that women are typically integrated into political institutions which are shrinking, that is, they gain positions of power in society in processes which are becoming less and less important, while other forums gain increasing influence (Bergqvist et al. 1999).<sup>87</sup> Are similar developments happening in democratic participation in general? Are legislative processes being made more open and participatory at the exact time when other developments cause them to not have much leverage to actually affect policy? The present study as well as some other quite recent research gives at least some support

---

<sup>86</sup> It is not clear either to what extent the various commenters on the law were familiar with the relationship between the state and municipal financing structures.

<sup>87</sup> On municipal policy in Finland in this respect, see Holli et al. 2007, whose study suggests that indeed there have been such gendered shifts of power in municipal decision-making in Finland (pp. 18, 30-32).

to these notions (Tala et al. 2011; Rantala 2011). While pursuing this line of inquiry any further is out of scope here, it leads us to finally consider the dimension of representation in the case of the elder care act from the perspective of gender.

What is immediately striking here is the lack of attention to gender throughout this legislation process. Despite the commitments to gender mainstreaming (see for example STM 2012:10), and the heavily gendered nature of care work, gender is conspicuous by its absence in the policy process of the elder care bill/act. Sparse mentions of the fact that the field is dominated by women were made, but virtually no arguments based on gender equality were articulated during the process. In the justifications for the bill, there is a sentence or two noting that care receivers in institutions are mostly women, as women live longer (HE 160/2012, 28). However, no further discussion about the gendered nature of care is initiated by the ministry, and any references to gender by any parties of the process are scarce. During the interpellation debate, equality between the sexes was mentioned as a topic relevant to elder care services (PTK 84/2009, Filatov), but few of the comments on the drafts of the law raised the issue. The NGO Hyvinvointivaltion vaalijat ry. (the society of the bearers of welfare state) wrote that ‘the estimation of the draft law in terms of its gender, societal and social impact has this far been completely inadequate’ (C2, 20). Seta ry. (an LGBT rights organisation) brought up the position of sexual and gender minorities (that is, gays, transgender people and so on), arguing that the service system for the elderly should promote equality and pay attention to recognizing the special needs of sexual and gender minorities (C1, 73).

That this was practically the extent of discussion on the gendered nature of care and elder care policy can be explained partly by the consensual view of gender equality in Finland as largely accomplished. But it can also be interpreted as symptomatic of the power of the neoliberal hegemony, which builds care subjects that are based on the genderless figure of homo oeconomicus (Hoppania and Vaittinen 2015). It reflects the arguments made in feminist political and care research (see chapter 2) that the fact that the burden (and joy) of care still largely falls on the shoulders of women is naturalized, obscured and made irrelevant in mainstream politics and political thinking. Even though the need for care is universal, and thus it is not a ‘women’s issue’, the gendered nature of the distribution of care work makes all the difference to the acknowledgement and valuation of care. This is shown in the process under scrutiny too: when asked about this during an interview, an STM civil servant spoke about how the gendered nature of care affected the policy process:

[The fact that this field is dominated by women] shows in that as in many areas dominated by women, it is way more challenging to follow through [reforms] than in many... like the emergency exchange reform, headed by a male doctor [laughs], or something like that. So of course the position of women, and the position of low-paid sectors, yes, yes they are reflected here...

Discussing with another STM civil servant interviewee the introduction of the new care worker category of ‘care assistant’, to help in combating the impending care deficit, I asked if the civil servants at the ministry considered introducing yet another low-paid job to a field dominated by women to be problematic; as an answer the interviewee swiftly dismissed my worries by remarking that ‘there always being these low paid jobs’ (I2).

The gendered cultural assumptions about what is expected from a care worker (a certain caring attitude etcetera), whilst not explicitly debated or discussed at length, still came up from time to time during the process:

A significant question too, is to have the staff committed to the work, and the culture of caring. What’s essential in care services after all, is the work done by a human being for another, and I at least am worried about how we manage to motivate the young people of today as professionals in the care sector, as surely there are easier jobs and tasks in this society.

(PTK 131/2012, Grahn-Laasonen)

It is essential to pay attention to proficient management, to rational organization of work, and the attitudes of the staff.

(C2, 19)

The gendered aspects of care thus disappeared from view in the policy process. What is relevant here is that the issue was not, save for a couple of remarks, framed in terms of gender. Gender relations remained invisible in the hegemonic discourse, nor were they taken up by those who challenged the hegemonic viewpoint. The naturalization of care work as gendered, relatively low-paid and largely invisible remained unchallenged, validating the hegemonic discourse in which the issue was framed in terms of inadequate regulation. Any viewpoints that conflicting interests might be at stake in elder care services, let alone conflicting gendered interests, were denied.

Likewise, the role of migration in combatting the care deficit, and the ethnic and gendered assumptions fuelling the policies which direct especially ethnic minority women to care work, were not discussed in the process. Rather they remained embedded and hidden in the many programmes and schemes that are ongoing in the various sites of elder care provision and care work and education governance (cf. Vaitinen 2015; Brunila et al. 2011).

## **5.8 Conclusion**

This chapter has analyzed the way in which the hegemonic discourse of elder care service provision has been maintained and how the perceived problems in it were represented as being largely about lacking regulation. This perspective on governance dominated the process of drafting the elder care act, although evidence of a resource discourse as the most significant challenger was also shown to be present. However, the logic of difference was found to operate here, successfully weakening and displacing any attempts to antagonize the field of elder care.

In discourse theoretical terms, the critics of the hegemonic discourse, those who demanded better resources and so on, were not successful in creating equivalential chains that would create a political frontier between opposed parties; that is, no social antagonisms in the field of elder care were articulated, which, to some extent, would have been necessary for any challenge to the existing regime to succeed in effecting change. This is perhaps partly because of the subject matter in question: care is about universal need and interdependencies, so dividing lines are not easy to create. No visible political alliances were formed between for instance the care workers' union (SuPer) and pensioners' interest groups, the most vocal in demanding resources, to amplify their opposition to the hegemonic discourse which saw the problem lying with regulation. As previous research has shown (see chapters 2 and 3), such antagonisms have been created in earlier in history, between the sexes, and in terms of class, when social redistribution and sharing of collective responsibility of care have been called for by women's movements, labour movements and so on.

The perception of the problems of elder care as a 'common cause' helped to maintain the hegemonic understanding of the problems as issues of regulation. This chapter showed how numerous elements concerning elderly care were organized in the hegemonic discourse by the utilization of the nodal points of dwindling resources and bureaucratic division of labour in particular, but also the notion of prevention. Other central elements of the discourse were identified as floating signifiers to which the different parties of the process attached various, even conflicting hopes and ideals, but which the hegemonic discourse managed to partially stabilize as part of the existing regime. The key floating signifiers were the quality of services, and living at home, although at the beginning of the process the idea of new regulation in the form of the elder care law itself functioned as such a signifier. This chapter demonstrated how these complex and somewhat messy rhetoric twists and turns seemingly depoliticized the question of care provision deficiencies, by making them into questions of regulation, supervision and management, and managed to tame any issue that would force a conflict over resources out into the open. Staff ratios were discussed as such an issue, which actually for a moment gained visibility as a conflictual question.

In this chapter, I also attended to the dimensions of recognition, redistribution and representation, and argued that while some improved recognition for the elderly as a group entitled to care services was granted, these gains remain dubious as very little redistribution for elder care was given. In fact the chapter (like chapter 3) demonstrated that the ongoing structural reforms entail redistribution of care resources and responsibility away from the state and municipalities onto individuals and families. The elder care act does not take any stand on the issues of redistribution and production of services on a level which would actually significantly shape the reality of elder care services and elder care relations.

In the participatory process of drafting the law, several actors however demanded decisions to be taken over redistribution; specifically they demanded measures which would in practice put more money on the level of praxis in elder care. These included demands for earmarked state subsidies, or a subjective right to services. However, this resource discourse was not successful in gaining any results, and the analysis of the representation structures involved gives additional reasons as to why this was so. The naturalization, or in a sense de-politicization of the structures of social policy governance, namely the relationship between the state and the municipalities and the different ministries were shown to be relevant here. The way the comments on the draft laws were dealt with was another crucial mechanism in avoiding the question of redistribution.

This research, then, suggests that the politics that played out over the bill in parliament, the themes raised in the media and so on, did not constitute the arena where the most significant exercise of power over elder care takes place. This 'politics' functioned as a discursive smokescreen, and in fact served to cement the hegemonic view of what the problem was (represented to be), while the structures and techniques of governance that shape the reality of elder care had been and are being determined elsewhere. The final law itself too, in its vagueness and focus on procedure and regulation, is compatible with neoliberal ideals, and allows for (or does not take any stand on) creating a market ethos and systems of measurement in the traditionally non-market setting of elder care (cf. Davies 2013, 38).

The production of the meaning of elder care in the legal-bureaucratic policy discourse domesticates the politics of care, keeping the stormy frontier of private-public implicit. Politics is here 'regularized as policy and rationalized as administration' (Wolin 1994, 14). Keeping the discourse on the level of administrative policy, it emphasizes procedural fairness and says nothing of distributive patterns of care labour, formal or informal. And this is precisely the political debate which did not happen: decisions were not taken about who in fact provides care, who pays for it (and how much), who does the labour, gets paid or does not get paid for it, who receives care and who might be neglected? Also, relational elements of care disappear from view. The subject and object of care policy is an individual. His or her resources to prevent his or her own care needs from escalating are aimed to be improved,

and an individual, if abstract, right to services is guaranteed. The communal resources of care provision, the care that people provide in their social networks and families in their day-to-day life becomes invisible, gets no recognition. Therefore also the possibility that social life should and could be organized in such a way as to improve the chances of people to take care of one another, and the recognition of different kinds of care needs as part of all human life, disappears. The hegemonic discourse about elder care articulates the issue in a very narrow way.

## 6 CONCLUSION: THE POLITICS OF CARE

The basic mode of politics today is a depoliticised expert administration and coordination of interests [...] the art of expert administration as politics without politics.

(Žižek 2014)

This study has delved into the politics of care; it took up Finnish elder care policy as a case study to examine why and how care is political in general, and an increasingly visible and weighty matter in national politics in Finland in particular. Starting off from puzzlement over what is at stake in the creation of legislation which aimed to tackle the ‘biggest challenge facing Finnish society’, this research executed an analysis of a policy process for the elder care act where the discursive framing of the matter at hand proved highly significant. What was first acknowledged as being largely a problem of insufficient resource allocation became one of regulation; an issue of recognition and redistribution was reframed as one of regulation, which in turn limited the scope of the legislation passed.

I argue that the politics of care consists not only of a struggle over recognition, redistribution and representation, but also, and in particular, over the way (elder) care is conceptualized and delineated as a problem field in the first place and pursued as an object of governance. The dominant, if not hegemonic, framework through which care is today articulated is chiefly characterized by neoliberal trends, whereby care is understood as service and where the value hierarchy is based on economic factors. Tied to the will to rationalize and make care service provision more efficient, reforms of elder care in Finland today coincide with increasing marketization and bureaucratization which in turn intensify the classification, categorization and systematization of care processes and procedures. Care understood as something beyond measurable services, namely as an embodied, ubiquitous relation with a logic that is adverse to such measurement systems, disappears from view when the regulation of care is presented as a solution to the problems of care.

In chapter 1, I explained how Nancy Fraser’s three dimensional framework functions as an analytical framework and starting point for my research. Fraser’s approach offered a fitting viewpoint for the subject matter, as there is no existing political theoretical framework, no ‘politics of care’ literature which would point a researcher to an established framework through which to study care as a political issue. Fraser’s multidimensional perspective supplies efficient tools to chart the landscape of elder care policy and politics, especially as previous care research suggests that elder care lacks adequate recognition, and challenges faced in elder care policy seem to emanate from this lack of recognition, and the corresponding lack of

redistribution. Further analytical tools drawn from discourse theory add depth to the analysis, as the political significance of the policy process turned out not to be chiefly about competing justice claims in terms of recognition, redistribution and representation. Instead the process was dominated by a consensual outlook of the issue as one in need of better administration and regulation. A discourse theoretical perspective of hegemony and governmentality was utilized to focus on the discursive struggles which accompanied the emergence of such a consensus and helped to sustain it.

The initiation, drafting and passing of the elder care act presented a case for policy analysis to examine how and why care figures in the everyday politics of the parliament and government, how it emerges on the political agenda, and why the challenges it presents are dealt with through particular policies rather than others. The existing (care) regime requires a level of hegemony to maintain and perpetuate its practices, social relations and ideals, although this stabilization and consensus is always only partial. There are always competing discourses and alternative, challenging viewpoints and mobilizations with the potential to threaten and destabilize dominant practices. The state of affairs in elder care services was thus criticized and challenged in 2009, to the extent that the Finnish government had to act in a (seemingly) potentially transformative way, by promising new legislation. Eventually however, very little changed in the way elder care relations are governed and services are organized. This study looked into how and why this issue and situation developed and turned out the way it did.

Chapter two reviewed the literature and previous research on care, noting how there is no established research tradition on the political aspects of care. A rich body of literature does exist which examines social policy and elder care, mainly in terms of social reproduction and work, or as an ethical orientation and practice. A political understanding of care, however, remains weak. This chapter explains this deficit with reference to feminist political theory which elucidates how the traditionally private, domestic and feminized sphere of life where care traditionally belongs sits in an uneasy relation to political thought and political practices understood in a more narrow sense. Challenges around care persist even within today's 'welfare states' which to some extent do recognize and aim to equally redistribute the demands of care. Joan Tronto (1993) is shown to supply the most potent perspective on care politics, as she ties the social and discursive subordination of care to the birth of the modern political project. However, her seminal research, too, fails to consider the present day political boundaries around care, which would be pivotal in understanding what care politics today is about. These boundaries are fortunately being investigated in more recent care research which has shown how for example the global care chains today define care relations, and how the embodied nature and material-economic dimensions of care play into the politics of care. I suggest that care research needs to turn its attention to precisely those developments



of (neoliberal) governance of care, which are a central site in which the politics of care unravels (see also Hoppania and Vaittinen 2015).

Studying the political processes through which care is governed, through which power is exercised over care relations, that is, for example policy and legislation that aims to regulate and manage elder care, what must be uncovered is what is at stake in this governance. How in these processes is care represented and defined, and how is this framing and delineation of care, its problems and the professed solutions to those problems, a site of discursive struggle? In such an examination the corporeal relations and the logic of care which care research has articulated seem to emerge as counter discourses and competing logics to the now quite ubiquitous neoliberal governance. To be sure, this is not to say that governance as such is somehow detrimental to care. On the contrary, governance designates a form of power, and power shapes the conditions of possibility both by delimiting action and making it possible. Thus what is relevant is what kind of governance characterizes care policy. The structures of governance are significant also from the point of view of democracy; they organize representation and may allow for demands for recognition and redistribution to be raised.

To contextualize the present study, chapter 3 introduced Finland in terms of its social policy, the history of elder care governance and present day care policies. This background is pivotal to developing the central argument of the dissertation with respect to governance. A survey of the history of social policy reveals how already over hundred years ago, when institutional elder care policies were created, the state elites producing care discourse exhibited a will to avoid the politicisation of the 'poor relief' discussion, as it was then termed. To frame elder care as an expert concern of administration and governance precludes an understanding of it as an explicitly political issue of conflicting interests regarding redistribution. The tendency to thus 'depoliticize' care has a long history, and tied within it are gendered ideals of citizenship and class relations. The chapter then explained how the birth of the welfare state was connected to a change in production structures, to industrialization and urbanization which also reshaped care relations. In such turbulent times, the way elder care came to be rearranged was part of political struggles and movements for shared, socialised responsibility for dependants. An ethos of universalism, of strong social rights and expanding social and health care services characterized the post-war decades. Still, no subjective rights for the elderly for services were attained, unlike what was the case for example in child care. Since the 1990s, the tide has been turning against an extensive welfare state, and gradually towards market-oriented governance. This ideological turn is explained in terms of neoliberalization, which characterizes the reforms of the past two decades. By the 2010s elder care has become a central cause for national worry in an ageing society, and an object of tightening provisions. Concurrently the responsibility for caring is being shifted back to families and individuals, but also produced as a field of competitive markets.

This steering of elder care relations to suit the emerging neoliberal regime has happened in and through dispersed sites of governance, from legislation, structural reforms and incentives for marketization to softer forms of regulation such as quality recommendations and a gradual tightening of the procedures in granting services. I consider the fact that the discourse which characterizes these reforms is international. It emanates from, among things, the European Union and bodies such as the OECD. The discord of the relationship between the municipalities and the state (that is, mainly the ministries, and the treasury in particular), and the way government subsidies are allocated, is shown to be a significant factor in the governance of care service provision, which today is a mix of old and new forms. The hegemonic discourse of the governing bodies such as the ministries is characterised by a rhetoric of necessity, and of an impending care deficit caused by the worsening dependency ratio and economic crisis, and by ideals of free choice, individual responsibility and detailed regulation. While popular support for the welfare state remains strong, many neoliberal reforms have been made in the name of sustainability of the welfare state.

Such tendencies and trends were the context in which the media scandals of deficient elder care arose in 2009. Chapter 4 described the policy process of drafting and passing the elder care act, and showed how the impetus for it came from the eruption of a wide-scale public debate concerning reports about deficiencies and low quality in long-term institutional care. This debate forced the topic onto the political agenda. It was largely recognized that the issues which had been raised were a genuine problem which needed to be attended to. The idea and demand for better regulation in the form of a new law was presented as a solution, and the elder care act emerged as a floating signifier at the beginning of the process, as different actors attached varying objectives and hopes to the coming law. But as it turned out, the hegemonic view of there being no money prevailed, and thus it was necessary to find a solution to the problems by other means than for instance by simply putting more resources into the grassroots level of care services. I argue that the scandals and debates in fact amounted to a political opening, a momentum for rearticulating the concerns of care in terms of redistribution. Finally, however, no significant reframing or transformation of elder care took place, because the ministerial and administrative discourse, which managed to maintain its hegemony in elder care governance, contained any substantial criticisms of the existing regime and practices. Whilst the process witnessed calls for recognition for care-givers (both professional and lay) and for the right to care services and commitment to the welfare state, these articulations remained quite symbolic and did not lead to improved recognition or redistribution for care-givers. Better administration, leaner and clearer procedures, improved organization and prevention were the solutions presented in what was and remained the hegemonic understanding of the problems at hand. Whereas calls for human dignity and basic rights supported by adequate resources first characterised the process, finally an

improved machine of regulative control over care service procedures was the outcome of the policy process.

The most pronounced critique of the hegemonic discourse concerned the lack of binding force of the new law. This challenge was typically articulated as a problem of resources, particularly as regards staffing levels, and demands to bring back earmarked subsidies were raised. Likewise, subjective right for the elderly to care services was demanded to enforce improvements in the attainability and quality of services. This resource discourse, however, was not successful in winning over enough agents in the struggle over the understanding of what was at stake in the reform of elder care.

Chapter 5 showed in detail how what I term dwindling resources, bureaucratic division of labour, and prevention functioned as important nodal points which organised and fixed the elements of the hegemonic discourse, and justified the approach undertaken in the preparation, drafting and passing of the elder care act. Regulation and supervision, living at home, and quality, on the other hand, were concepts which most of the time acquired a floating status, as different parties attached different meanings and hopes to these ideas. The elder care law itself was such a contentious object, one which was meant to rectify the flaws discovered in elder care; how it was to succeed in this objective was not fixed in the beginning of the process. Whilst competing views of what was at the root of these flaws and deficiencies were articulated, the hegemonic discourse framed the problems largely in terms of lacking regulation. This perspective, which emphasized governance rather than recognition or redistribution, a discourse largely produced by the Ministry of Social Affairs and Health and various other experts and national governing bodies, dominated the process, with the logic of difference functioning to weaken, displace and subsume the alternative, competing viewpoints and demands for redistribution.

This chapter also reflected on the recognition, redistribution and representation aspects of the policy process and the final law. It argues that the improved recognition for the care needs of the elderly which was granted during the process remained dubious and on a symbolic level as practically no redistribution for elder care was made. In fact it was demonstrated that the ongoing structural reforms entail redistribution away from public care service resources. The elder care act itself does not take any stand on the issues of redistribution and production of services whilst these actually significantly shape the reality of elder care services and elder care relations. The counterhegemonic resource discourse, through which the concerns for redistribution were raised, was not successful in gaining any results, and my analysis of the representation structures involved offers further reasons as to why this was so. The acceptance of the structures of social policy governance as a given, in particular the relationship between the state and the municipalities and how it affects the way state subsidies and budget appropriations are defined, served to delimit the scope of possibility of the process. The manner in which the ministry dealt with the numerous

comments on the draft laws was moreover a crucial mechanism to prevent the question of redistribution from surfacing on the political agenda.

## **6.1 Recognising, redistributing and representing elder care**

As noted in chapter 3, unlike in the support systems for the disabled or day care for children in Finland, in eldercare policy no subjective rights to services have been granted. Nor have there been the kind of historical compromises between different and opposing parties and policy alternatives as in the domain of childcare. The legislative process and elder care policies under scrutiny in this research first opened a possibility for such opposing alternatives to be articulated, debated, and decided on democratically. However, even though during the initial phase some elements of such debate did emerge, a consensual outlook characterized the process by and large, and no transformative change took place. Nor were different policy alternatives clearly articulated or debated and thus no ‘historical compromise’ between them was made. Rather, the significant developments of elder care were dispersed in the various sites of governance, beyond the reach of democratic decision making. Furthermore, the form and content of this governance, that is, the political nature of it, was obscured and no clear policy choices or value decisions were made by the democratic organs during the process. The structural reform of elder care policy towards increasing marketization and individualization, a development which has been going on arguably since the 1990s, continues. To be sure, these reforms of governance might still produce some improvements in the existing elder care services. To what extent this will happen, and to what extent these results will satisfy the critics of the current practices, remains to be seen.

In any case, no clear and significant adversary or oppositional politics emerged where competing claims for recognition and redistribution would have been raised to the extent that there would have been no way around explicitly making decisions on them. The process of legislation instead subsumed and reframed any claims in that direction. Even so, some recognition was shown for the situation of the elderly as a group in need of special attention and rights, although how to draw the lines as to who belongs to this group was an object of some debate. Those individuals in need of care was the somewhat circular answer effectively, although the law in its aims of prevention applies to all those over retirement age. Similarly, some recognition was given to professional and family carers as interest groups during the legislative process, but their concerns were not responded to in the law, and thus this recognition too remained symbolic. Likewise, the universal aspects of the nature of care and its demands gained some recognition, as politicians for instance spoke of elder care as an issue which

touches everybody, and pointed out the connections and challenges of elder care and working life. But nothing was done to ameliorate the situation, to support, recognize and redistribute for these largely invisible care relations and practices of family care.

The hegemonic discourse presented and took as a given that resources are scarce and will be even more so in the future due to the worsening dependency ratio and the economic crisis. It managed to 'depoliticize' the question of redistribution for elder care by taking and stating it as an inevitable fact that resources will be diminishing. This nodal point of dwindling resources coloured the whole process, as it became impossible to argue for any measures that would increase the costs of elder care. Nearly all improvements (allegedly) effected by the elder care law would also eventually curb the increase in expenses, or this seemed to be the objective in any case. The money allocated for the implementation of the law was relatively meagre, and it too was represented as an investment which eventually will restrain costs. In the light of the insights found in care research, aiming to reduce the costs of care while at the same time maintaining the promises of adequate care is not tenable. It is counter to the idiosyncratic features of care work and rests on the maintenance of unequal, gendered care relations. It may lead to the reduction of care quality and to the most dispossessed (or all but the most privileged) care-givers and care-receivers having to suffer and bear an increased burden.

*Representation* in the decision-making process was extensive and all interested parties were given an opportunity to file a statement on the issue. But the significance of the statements was not notable, as contributors were of contradictory opinions on many issues, and in the end those arguments which went against the already existing policy objectives were dismissed. The structures of democratic representation thus worked to channel the many grievances concerning elder care to (temporary) oblivion; effectively any viewpoint that contradicted the prevailing system and ongoing neoliberal reforms had little impact. Furthermore, constricting the remit of the elder care act meant that the significant defining terms of reference for the discussion of the bill/act in the policy process were set outside of these hearing processes.

Thus, I argue that the most significant site of 'politics of care' here was not the traditional political arenas, but the various sites of governance and elder care policy administration where the hegemonic conception of the nature of care and the problems related to it was created. The bureaucratic division of labour served to legitimize the sidelining of the question of resources in the legislative process, and yet the question of costs was highly significant in the process, even if in a somewhat contradictory way: no one explicitly argued against putting more money into elder care, and still the dwindling resources were accepted as fact. In fact many politicians emphasized that resources must be secured, but these remained abstract calls, and the blame for the allegedly inevitably tight resources was not put directly on anyone. The nodal

points of dwindling resources and prevention and the general idea of better regulation particularly served to avoid any significant redistribution, as the matter was presented in such a way that redistribution to elder care is neither possible nor necessary when the measures of the improved regulation that was on its way would be put in action.

Entailed in the hegemonic discourse was also an understanding of care in terms of service needs and individual choice, that is, as something that can be measured, defined and managed effectively (as care service quality), and allocated efficiently. This is in contrast to the articulations of care research which posits that care is characterized by a rationality and logic of its own. This logic of care requires a constant (re)shifting and adjusting of interactions to what the situation requires, and escapes the classifications of neoliberal governance. Some articulations reflecting this type of understanding of care were seen in the policy process, but they remained very few and weak.

## **6.2 Shaping care relations**

The overall importance that elder care seemed to gain through the ambitious legislative process for the elder care act served as facade of 'something is being done'. The high visibility debates over staff ratios in particular prompted some commentators to term the elder care law a political project in a pejorative, strategic sense. Indeed, the process was finally characterized by a consensus among the governing institutions and leading politicians. However, if we understand power and politics as going beyond the narrow conception of political institutions, the increasing governance of elder care testifies to the fact that care is more political than ever. Elder care is being reshaped and transformed, and the understanding of care relations readjusted to fit an economistic and neoliberal world. This is done cunningly without explicit political debate and democratic commitment to the particular policies which are being advanced in the background of democratic politics.

The elder care act helps and supports the creation of active citizens, aiming to produce and create subject positions for elderly citizens that fit in well with the neoliberal ideals of active, self-sufficient, self-interested subjects. While this might be a laudable goal in many ways and empower many elderly people, it also risks denying or even makes invisible again our corporeal interdependencies and care relations. It further makes it harder to demand redistribution for care that is not about active self-sufficiency, but for instance about total dependency and inability to make choices. To understand care as being about not what one wants but what one needs is not possible in the neoliberal framework. Similarly, dealing with care work and care relations which are not based on self-interest and commodification is not possible, as a neoliberal society causes such work discursively to

disappear, or exploits such practices for profits. As this dissertation has demonstrated, however, the hegemonic understanding of what care policy is about has its history, and it is and must be continuously reproduced and maintained, as it is also continuously challenged and contested – if not always by conscious political organisation and articulation of an opposing agenda and a frame of reference, then at any rate by everyday practices, relations and lived experiences. There are persisting competing practices and understandings of care, ‘quality’ etcetera, which resist and escape the attempts of governance. These various arenas of governance today constitute care as a site of political struggle.

### **6.3 Implications for policy and future research**

The contributions of the multidimensional analysis of elder care politics carried out in this research are also multiple. Research-wise they pertain to political care research, and to political theory more widely; policy-wise they concern elder care services and the structures and processes of democratic decision-making and legislation.

To start from the latter two, there are lessons to be learned from this research for elder care policy and politics on a national (and even EU) level. The study highlights the importance of clear decisions on the redistribution and sharing of care responsibilities and costs societally if the ‘problem’ of the ageing population is to be overcome. Obscuring the material and economic significance of care and the everyday realities of care relations serves to maintain existing unequal, gendered care relations. Deciding on redistribution entails recognizing the work of formal and informal care-givers, but also the value and role of care more widely, in terms of both people’s everyday life and the national economy. As yet, there is a persistent lack of recognition and redistribution for elder care. Contra what the then minister of finance Jutta Urpilainen in 2012 claimed about the historical importance of the elder care act, in fact no historical decision or commitment as to how to respond to the growing care needs of the elderly was made. Decisions concerning the level of services we commit to societally, to what extent the responsibility and costs of care are to be borne by the state, or by the individual or by families, and what role the market is to play in elder care are very much political decisions, and it is high time to explicitly make them. No regulative magic will in itself solve the care deficit, even if structural reforms manage to make some procedures more efficient. Care is about our interdependency and corporeal relations, which cannot be got rid of.

This study also suggests that our democratic decision-making process of legislation is flawed: despite the perhaps genuine will to increase participation, and the seemingly transparent and inclusive procedures, this case study suggests that no genuinely participatory and democratic decision-making actually took place. The wider framework and the accepted

parameters within which the law were drafted significantly limited the scope of possibility that the legal process actually had for democratic decisions about elder care. I argue that the most significant questions and topics concerning elder care were delegated elsewhere and shifted out of the agenda of democratic decision making. The dominant governmental discourse already at the beginning of the process managed to define the remit of the process as limited: central questions of redistribution and production were not dealt with. The existing structures of governance and the division of responsibilities between different ministries and working groups, and between the state and the municipalities, explained this limitation; it should be emphasized, however, that these structures are also the result of political decisions, and can be changed. A number of commenters on the draft laws in fact proposed such changes, or presented demands which implied overcoming these structures. The way the (presumably ideally democratic) hearing of the different parties and interest groups, including the comments on the drafts of the law, were dealt with in the Ministry of Social Affairs and Health served to dismiss such demands. The case study shows that one of the key political mechanisms in democracy, the setting of the agenda and the shaping of the framework in which reforms are made, still lacks democratic legitimacy in Finland.

In terms of research, the contribution of this research is likewise twofold: as regards care research, this case study shows that a fruitful way to gain insight into and get hold of the *politics of care* is to focus research on care relations and how they are turned into and emerge as an object of governance, both historically and in the context of current structural reforms. This kind of governmentality approach, if you will, shows how care subjects and objects are created, how care relations are rearranged, severed, reformed, managed, and also how the various techniques of governance are and can be opposed and contested. Whilst this study focused on this kind of steering of care relations through national level policy and legislation, further research could advance similar investigations by contrasting and juxtaposing different governance regimes on the level of implementation of policy and everyday care practices, to show how these governance programmes and schemes work or do not work, are opposed or not, etcetera. Care research of this kind could also investigate in more detail how the governance of care in practice upholds, maintains or challenges, for example, the gendered doxas and orders of care. As Vaittinen and I have suggested elsewhere, it might be that the logic of care practices, and their corporeal nature, is what in particular resists and disrupts care governance in the neoliberal era (Hoppania and Vaittinen 2015).

New avenues for (political) care research are thus opened: it is, I believe, vital to examine in different empirical locations how the governance of elder care relations is in fact unfolding, how it interlinks with dimensions of care which are not (yet) an object of neoliberal governance; how care giving and care receiving are part of non-contractual social relations that sustain society



(cf. Fraser 2011); how thus understood these ‘protective’ relations can also be oppressive, and how attempts to overcome domination and exploitation in care relations could be (institutionally) supported; how the logic of the market transforms the understanding and practices of care, or subsumes care into the market, and to what extent this is desirable, detrimental or possible, if at all.

The significance of this study to political theory stems from these observations and points. In chapter 2, I highlighted the absence of an analysis of care within political theory and attributed this absence partly to the fact that the understanding of human relations as characterized by corporeal interdependencies, which are constitutive in care, is completely contrary to the independent subject of political theory. I would argue that care merits a place in the core lexicon of political theory and political studies – firstly, because of the increasing significance of care in a world troubled by worsening demographic ratios and changes in (gendered) care relations which have led to an imminent care deficit. It is certainly something political science to date has been slow to take up but ignores at its peril. The positive externalities of care that society relies on should be made visible – and examination of care relations integrated into any large-scale political theory and research – if a satisfactory perspective of how society is being shaped, and how things could be different, is to be attained. Secondly, for feminist political theory in particular, this research suggests that care, understood not only as work or ethic, but as a relation of interdependency, should have a place as a central category of analysis in research on gender equality. Following the significant advances women have made in terms of political and social rights over the 20<sup>th</sup> century, with formal equality largely granted, the persisting inequalities between the sexes have a lot to do with care. So whilst care and gender are clearly deeply intertwined because of the history of discourses and practices that tie care and womanhood together, and because the current structures of care provision rely on gendered work and life patterns, it might sometimes be useful to focus in particular on care: emphasizing the *universality* of our dependence on care relations helps to counter the essentializing notion of care as a ‘women’s issue’. To argue for a radical redistribution of and for care is pivotal to dismantling existing gendered inequalities.

## 7 REFERENCES

### 7.1 Bibliography

- Ahokas (2012) "Guzenina-Richardson syyttää THL:n asiantuntijaa tietämättömyydestä" *Helsingin Sanomat* 15.8.2012, available at: <http://www.hs.fi/politiikka/Guzenina-Richardson+syytt%C3%A4%C3%A4+THLn+asiantuntijaa+tiet%C3%A4m%C3%A4tt%C3%B6myydest%C3%A4/a1305592873508> [accessed 25 June 2014]
- Alastalo, M. and Åkerman, M. 2010, "Asiantuntijahaastattelun analyysi: faktojen jäljillä" in *Haastattelun analyysi*, ed. N. Ruusuvuori Hyvärinen, Vastapaino, Tampere.
- Annola, J. 2011, *Äiti, emäntä, virkanainen, vartija: köyhäintalojen johtajattaret ja yhteiskunnallinen äitiys 1880-1918*, Suomalaisen Kirjallisuuden Seura, Helsinki.
- Anttonen, A. and Häikiö, L. 2011, "Care 'going market': Finnish elderly-care policies in transition", *Nordic Journal of Social Research*, vol. 2.
- Anttonen, A. 2009, "Hoivan yhteiskunnallistuminen ja politisoituminen", in Anttonen, A., Valokivi, H. and Zechner, M. (eds.) *Hoiva: tutkimus, politiikka ja arki*, Vastapaino, Tampere.
- Anttonen, A. and Sipilä, J. 2000, *Suomalaista sosiaalipolitiikkaa*, Vastapaino, Tampere.
- Armstrong, P. 2013, "Regulating care: lessons from Canada" in *Marketisation in Nordic eldercare*, eds. G. Meagher and M. Szebehely, Stockholm University, Stockholm, pp. 217-228.
- Bacchi, C.L. 2009, *Analysing policy: what's the problem represented to be?* Pearson, Frenchs Forest, N.S.W.
- Bachrach, P. and Morton S. Baratz 1962, "Two Faces of Power", *The American Political Science Review*, vol. 56, no. 4, pp. 947-952.
- Bakker, I. 2007, "Social Reproduction and the Constitution of a Gendered Political Economy: Review Essay", *New Political Economy*, vol. 12, no. 4, pp. 541-556.
- Banerjee, A. 2013, "The regulatory trap: Reflections on the vicious cycle of regulation in Canadian residential care" in *Marketisation in Nordic eldercare: a research report on legislation, oversight, extent and consequences*, eds. G. Meagher and M. Szebehely, Stockholm University, Stockholm, pp. 203-216.
- Barad, K. 2007, *Meeting the universe halfway: quantum physics and the entanglement of matter and meaning*, Duke University Press, Durham.
- Beauvoir, S.d., Koskinen, I., Lukkari, H. and Ruonakoski, E. 2009[1949], *Toinen sukupuoli. 1, Tosiasiat ja myytit [Le deuxième sexe I]*, Tammi, Helsinki.
- Benhabib, S. 1986, "The Generalized Other and the Concrete Other: The Kohlberg-Gilligan Controversy and Feminist Theory", *Praxis International*, vol. 5, no. 4, pp. 402-424.

- Bergqvist, C., et al. (eds) 1999, *Equal Democracies: Gender and Politics in the Nordic Countries*, Scandinavian University Press, Oslo.
- Borchorst, A. and Siim, B. 2002, "The women-friendly welfare states revisited", *NORA - Nordic Journal of Feminist and Gender Research*, vol. 10, no. 2, pp. 90-98.
- Braidotti, R. 1993, *Riitasointuja*, Vastapaino, Tampere.
- Brown, W. 2006, "American Nightmare: Neoliberalism, Neoconservatism, and De-Democratization", *Political Theory*, vol. 34, no. 6, pp. 690-714.
- Brown, W. 2003, "Neo-liberalism and the End of Liberal Democracy", *Theory & Event*, 2003, vol. 7, no. 1.
- Brunila, K., Kurki, T., Lahelma, E., Lehtonen, J., Mietola, R. and Palmu, T. 2011, "Multiple Transitions: Educational Policies and Young People's Post-Compulsory Choices", *Scandinavian Journal of Educational Research*, vol. 55, no. 3, pp. 307-324.
- Bubeck, D.E. 1995, *Care, gender and justice*, Clarendon Press, Oxford.
- Chodorow, N. 1999[1979], *The reproduction of mothering: psychoanalysis and the sociology of gender*, University of California Press, Berkeley.
- Colombo, F., Llena-Nozal, A., Mercier, J. and Tjadens, F. 2011, *Help Wanted?* Organisation for Economic Co-operation and Development.
- Dahl, H.M. 2012, "Neo-liberalism Meets the Nordic Welfare State—Gaps and Silences", *NORA - Nordic Journal of Feminist and Gender Research*, 2012, Vol.20(4), pp.283-288, vol. 20, no. 4, pp. 283-Nordic.
- Dahl, H.M. 2009, "New Public Management, care and struggles about recognition", *Critical Social Policy*, vol. 29, no. 4, pp. 634-654.
- Dahl, H.M. 2004, "A View from the Inside: Recognition and Redistribution in the Nordic Welfare State from a Gender Perspective", *Acta Sociologica*, vol. 47, no. 4, pp. 325-337.
- Dahl, H.M., Keränen, M. and Kovalainen, A. (eds.) 2011, *Europeanization, care and gender global complexities*, Palgrave Macmillan, Basingstoke.
- Daly, M. and Lewis, J. 2000, "The concept of social care and the analysis of contemporary welfare states", *British Journal of Sociology*, vol. 51, no. 2, pp. 281.
- Davies, W. 2013, "When Is a Market Not a Market?: 'Exemption', 'Externality' and 'Exception' in the Case of European State Aid Rules", *Theory, Culture & Society*, vol. 30, no. 2, pp. 32-59.
- Dean, M. and Henman, P. 2004, "Governing Society Today: Editors' Introduction", *Alternatives: Global, Local, Political*, vol. 29, pp. 483-494.
- Engster, D. 2007, *The Heart of Justice: care ethics and political theory*, Oxford University Press, Oxford.
- Eräranta, K. 2013, *Taloudellinen, sukupuolittunut ja transnationaali sosiaalinen: Hyvinvointihallinnan muutos ja kysymys työn ja perheen yhteensovittamisesta*, University of Helsinki.
- Feder, E.K and Kittay E.F. 2002, "Introduction" in *The Subject of Care: Feminist Perspectives on Dependency*, eds. E.F. Kittay and E.K Feder, Rowman & Littlefield, Lanham, pp. 1-13.
- Federici, S. 2013, "Permanent Reproductive Crisis: An Interview with Silvia Federici," Mute Magazine, available at: <http://www.metamute.org/editorial/articles/permanent-reproductive-crisis-interview-silvia-federici#> [accessed 20 Dec 2014].
- Federici, S. 2004, *Caliban and the Witch. Women, the Body and Primitive Accumulation*. Autonomedia, Brooklyn, NY.

- Fine, C. 2010, *Delusions of gender: the real science behind sex differences*, Icon, London.
- Fisher, B. and Tronto, J. 1990, "Toward a Feminist Theory of Caring", in *Circles of Care*, eds. E. Abel and M. Nelson, SUNY Press, NY, pp. 36-54.
- Flanagan, O. and Jackson, K. 1987, "Justice, Care, and Gender: The Kohlberg-Gilligan Debate Revisited", *Ethics*, vol. 97, no. 3, pp. 622-637.
- Frilander, J. 2012, "Vanhukset ovat vaalien voittajia", YLE uutiset [YLE news], 29.10.2012, available at: [http://yle.fi/uutiset/vanhukset\\_ovat\\_vaalien\\_voittajia/6355499](http://yle.fi/uutiset/vanhukset_ovat_vaalien_voittajia/6355499) [accessed 25 June 2014]
- Folbre, N. 2001, *The invisible heart : economics and family values*, New Press, New York.
- Foucault, M. 2008, *The Birth of Biopolitics: Lectures at the Collège de France, 1978-1979*, Palgrave Macmillan, New York.
- Foucault, M. 2007, *Security, Territory, Population: Lectures at the Collège de France 1977-1978*, Palgrave MacMillan, Basingstoke.
- Foucault, M. 1982, "The Subject and Power", *Critical Inquiry*, vol. 8, no. 4, pp. 777-795.
- Fraser, N. 2011, *The Wages of Care: Reproductive Labour as Fictitious Commodity* [Homepage of University of Cambridge, CRASSH (Centre for Research in the Arts, Social Sciences and Humanities)], [Online]. Available: <http://www.crassh.cam.ac.uk/events/1535/> [accessed 11 May 2011].
- Fraser, N. 2009, "Feminism, Capitalism And The Cunning Of History", *New Left Review*, , no. 56, pp. 97-117.
- Fraser, N. 2008a, *Scales of justice: reimagining political space in a globalizing world*, Polity, Cambridge.
- Fraser, N. 2008b, "From Redistribution to Recognition? Dilemmas of Justice in a "Postsocialist" Age" in *Adding insult to injury: Nancy Fraser Debates Her Critics*, ed. K. Olson, Verso, London.
- Fraser, N. 2003, "Social Justice in the Age of Identity Politics: Redistribution, Recognition, Participation" in *Redistribution or recognition? : a political-philosophical exchange*, A. Honneth and N. Fraser, Verso, London, pp. 7-109.
- Fraser, N. 1997, *Justice interruptus: critical reflections on the "postsocialist" condition*, Routledge, New York.
- Fraser, N. 1995, "From Redistribution to Recognition? Dilemmas of Justice in a "Post-Socialist" Age", *New Left Review*, no. 212, pp. 68-93.
- Fraser, N. 1994, "After the family wage: Gender equity and the welfare state", *Political Theory*, vol. 22, no. 4, pp. 591.
- Gilligan, C. 1982, *In a different voice : psychological theory and women's development*, Harvard University Press, Cambridge, Mass.
- Gilligan, C. 1977, "In a Different Voice: Women's Conceptions of Self and of Morality", *Harvard Educational Review*, vol. 47, no. 4, pp. 481-517.
- Glynnos, J. and Howarth, D. 2007, *Logics of critical explanation in social and political theory*, Routledge, London.
- Gothóni, R. 1991, *Omaisiet, loppuunpalaneita ihmisiä vai käyttämätön voimavara?* Sosiaali- ja terveysministeriö, kehittämisosasto, Helsinki.
- Guzenina-Richardson (2012) 'Palvelu ei parane ilman riittävää henkilöstöä', Vieraskynä, *Helsingin sanomat*, 28.7.2012, available at: <http://www.hs.fi/paakirjoitukset/Palvelu+ei+parane+ilman+riitt%C3%A>

4v%C3%A4%C3%A4+henkil%C3%B6st%C3%B6%C3%A4/a1343361895069 [accessed 25.6.2014]

- Häkkinen, I. 1991, "Syytinkiläinen elää kiusallaankin : vanhempien valtaa vai perheväkivaltaa 1800-luvun puolivälin Suomessa" in *Kunnanvaivaisesta harmaaksi pantteriksi: Tutkielmia suomalaisen vanhuuden historiasta*, eds. R. Oittinen and K. Pitkänen, Department of Economic and Social History, University of Helsinki, Helsinki, pp. 77-94.
- Hänninen, S. 2010, "Politiikka hallinnan analytiikassa" in *Hallintavalta: Sosiaalisen, politiikan ja talouden kysymyksiä*, eds. J. Kaisto and M. Pyykkönen, Gaudeamus, Helsinki, pp. 71-94.
- Hamington, M. 2004, *Embodied Care. Jane Addams, Maurice Merleau-Ponty and Feminist Ethics*, University of Illinois Press, Chicago.
- Hanhivaara, J. 2012, "Super vetoaa henkilöstömitoituksen puolesta", *YLE uutiset* [YLE uutiset] 17.10.2012, available at: [http://yle.fi/uutiset/super\\_vetoaa\\_henkilostomitoituksen\\_puolesta/6339014](http://yle.fi/uutiset/super_vetoaa_henkilostomitoituksen_puolesta/6339014) [accessed 25 June 2014]
- Hardin, G. 1968, "The tragedy of the commons", *Science*, vol. 162, no. 3859, pp. 1243-1248.
- Harding, S. 1987, "The Curious Coincidence of Feminine and African Moralities. Challenges for Feminist Theory" in *Women and Moral Theory*, eds. E.F. Kittay and D.T. Meyers, Rowman and Littlefield Publishers, pp. 296-315.
- Harrington, C., Olney, B., Carrillo, H. and Kang, T. 2012, "Nurse Staffing and Deficiencies in the Largest For-Profit Nursing Home Chains and Chains Owned by Private Equity Companies", *Health services research*, vol. 47, no. 1pt1, pp. 106-128.
- Harvey, D. 2005, *A brief history of neoliberalism*, Oxford University Press, Oxford.
- Heffernan, K. 2006, "Social Work, New Public Management and the Language of 'Service User'", *British Journal of Social Work*, vol. 36, no. 1, pp. 139-147.
- Heins, V. 2010, "Of persons and peoples: Internationalizing the critical theory of recognition", *Contemporary Political Theory*, vol. 9, no. 2, pp. 149-170.
- Held, V. 2006, *The Ethics of Care. Personal, Political and Global*, Oxford University Press, New York.
- Hernes, H.M. 1987, *Welfare state and woman power: essays in state feminism*, Norwegian University Press, Oslo.
- Hiilamo, H. and Kangas, O. 2009, "Trap for Women or Freedom to Choose? The Struggle over Cash for Child Care Schemes in Finland and Sweden", *Journal of social policy*, vol. 38, no. 3, pp. 457-475.
- Himmelweit, S. 2007, "The prospects for caring: economic theory and policy analysis", *Cambridge Journal of Economics*, vol. 31, no. 4, pp. 581-599
- Hirdman, Y. 1991, "The gender system" in *Moving on: new perspectives on the women's movement*, eds. T. Adreassen and Y. Hirdman, Aarhus University Press, Aarhus.
- Hirshman, L.R. 1994, "Is The Original Position Inherently Male-Superior?", *Columbia law review*, vol. 94, no. 6, pp. 1860.
- Hirvonen, H. and Husso, M. 2012, "Living on a knife's edge: Temporal conflicts in welfare service work", *Time & Society*, vol. 21, no. 3, pp. 351-370.

- Hochschild, A.R. 2000, "Global Care Chains and Emotional Surplus Value" in *On The Edge: Living with Global Capitalism*, eds. W. Hutton and A. Giddens, Jonathan Cape, London.
- Holli, A.M., Luhtakallio, E. and Raevaara, E. 2007, *Sukupuolten valta/kunta: politiikka, muutos ja vastarinta suomalaisissa kunnissa*, Vastapaino, Tampere.
- Hom, S.L. 2009, *Antigone's Lament: Care, Death and Subjectivity in Hegel and Irigaray*, Stony Brook University.
- Hoppania, H. 2013, "Elder Care Policy in Finland: Remedies for Crisis?" in *Retrenchment or renewal? Welfare states in times of economic crisis*, eds. G. Jónsson and K. Stefánsson, NordWel Studies in Historical Welfare State Research 6, Helsinki, pp. 252-272.
- Hoppania, H. and Holli, A. M. 2015, "States of gender democracy: Variation on a theme in Finland", in *States of Democracy: Gender and Politics in the European Union*, ed. Y. Galligan Routledge, Abingdon, pp. 50-66.
- Hoppania, H. and Vaittinen, T. 2015, "A Household Full of Bodies: Neoliberalism, Care and "the Political"", *Global Society: Journal of Interdisciplinary International Relations*, vol. 29, no. 1, pp. 70-88.
- Howarth, D. 2010, "Power, discourse, and policy: articulating a hegemony approach to critical policy studies", *Critical Policy Studies*, vol. 3, no. 3-4, pp. 309-335.
- Howarth, D. 2004, "Hegemony, Subjectivity and Radical Democracy" in *Laclau: A Critical Reader*, ed. O.M. S. Critchley, Routledge, London, pp. 256-276.
- Howarth, D. and Torfing, J. 2005, *Discourse theory in European politics: identity, policy and governance*, Palgrave Macmillan, Basingstoke.
- Howarth, D. and Stavrakakis, Y. 2000, "Introducing Discourse Theory and Political Analysis" in *Discourse Theory and Political Analysis: Identities, Hegemonies and Social Change*, eds. D. Howarth, A.J. Norval and Y. Stavrakakis, Manchester University Press, Manchester.
- Huang, S., Thang, L.L. and Toyota, M. 2012, "Transnational mobilities for care: rethinking the dynamics of care in Asia", *Global Networks*, vol. 12, no. 2, pp. 129-134.
- Isaksen, L.W., Devi, S.U. and Hochschild, A.R. 2008, "Global Care Crisis: A Problem of Capital, Care Chain, or Commons?", *American Behavioral Scientist*, vol. 52, no. 3, pp. 405-425.
- Jaggar, A.M. 1983, *Feminist politics and human nature*, Rowman & Littlefield Publishers, Totowa, New Jersey.
- Jørgensen, M. and Phillips, L. 2002, *Discourse analysis: as theory and method*, SAGE, London.
- Julkunen, R. 2010, *Sukupuolen järjestykset ja tasa-arvon paradoksit*, Vastapaino, Tampere.
- Julkunen, R. 2006, *Kuka vastaa? Hyvinvointivaltion rajat ja julkinen vastuu*, Sosiaali- ja terveystieteiden tutkimus- ja kehittämiskeskus Stakes, Helsinki.
- Julkunen, R. 2001, *Suunnanmuutos: 1990-luvun sosiaalipoliittinen reformi Suomessa*, Vastapaino, Tampere.
- Kalliomaa-Puha, L. 2009, "Contracts as Usual? – Pros and cons of the social sector client contracts", *Juridiska Föreningen i Finland*, no. 3-4, pp. 343-350.

- Kalliomaa-Puha, L. 2007, *Vanhoille ja sairaille sopivaa? Omaishoitosopimus hoivan instrumenttina*, Sosiaali- ja terveysturvan tutkimuksia 90, Kela, Helsinki.
- Kantomaa, R. 2015, "Super: Koti on muistisairaalle vanhukselle vankila", MTV uutiset 12.05.2014, available at: <http://www.mtv.fi/uutiset/kotimaa/artikkeli/super-koti-on-muistisairaalle-vanhukselle-vankila/3355014> [accessed 5 Jan 2015]
- Karisto, A., Takala, P. and Haapola, I. 1998, *Matkalla nykyaikaan : elintason, elämäntavan ja sosiaalipolitiikan muutos Suomessa*, 5.p., 2009. edn, WSOY, Porvoo.
- Kähkönen, L. 2007, *Näennäismarkkinoiden tehokkuuden rajoitteet ja mahdollisuudet paikallishallinnon palveluissa*, Tampere University Press, Tampere.
- Karsio, O. and Anttonen, A. 2013, "Marketisation of eldercare in Finland: legal frames, outsourcing practices and the rapid growth of for-profit services" in *Marketisation in Nordic eldercare: a research report on legislation, oversight, extent and consequences*, eds. G. Meagher and M. Szebehely, Stockholm Studies in Social Work 30, Stockholm University, pp. 85-126.
- Keränen, M. 1987 "Sukupuolijärjestelmä ja julkisen ja yksityisen siirtyvä raja" in A. Saarinen, E. Hänninen-Salmelin and M. Keränen, (eds.) *Naiset ja valta: naisnäkökulmia "hyvinvointivaltioon"*, Tutkijaliitto, Hki, pp. 21-28.
- Kiander, J. 2001, *1990-luvun talouskriisi Elektroninen aineisto : Suomen Akatemian tutkimusohjelma: laman opetukset : Suomen 1990-luvun kriisin syyt ja seuraukset*, Valtion taloudellinen tutkimuskeskus, Helsinki.
- Kiviniemi, M., Oittinen, R., Varhe, S., Niskanen, J. and Salminen, A. 1994, *Julkiset palvelut menevät markkinoille : kokemuksia ja näkemyksiä liikelaitostamisesta ja yhtiöittämisestä*, Painatuskeskus, Helsinki.
- Kontos, P.C., Miller, K. and Mitchell, G.J. 2010, "Neglecting the Importance of the Decision Making and Care Regimes of Personal Support Workers: A Critique of Standardization of Care Planning Through the RAI/MDS", *Gerontologist*, vol. 50, no. 3, pp. 352-362.
- Kotkas, T. 2013, "Vanhuspalvelulaki sosiaali oikeuden tutkijan näkökulmasta. Millaisia oikeuksia laki antaa?" Presentation at Vanhuspalvelulaki tule – mikä muuttuu? event organised by Kela, powerpoint available at <http://www.kela.fi/documents/10180/243147/Kotkas/49919b08-017d-483f-b07b-b9deef631e80> [accessed 5 Jan 2015]
- Kröger, T. 2009, "Care research and disability studies: Nothing in common?", *Critical Social Policy*, vol. 29, no. 3, pp. 398-420.
- Kuusi, P. 1964, *Social policy for the sixties: a plan for Finland*, Finnish Social Policy Association, Helsinki.
- Laclau, E. 2005, *On populist reason*, Verso, London.
- Laclau, E. and Mouffe, C. 2001[1985], *Hegemony and Socialist Strategy: Towards a Radical Democratic Politics*, Verso, London.
- Lægveid, P., Steinthorsson, R.S. and Thorhallsson, B. 2004, "Europeanization of Central Government Administration in the Nordic States", *JCMS: Journal of Common Market Studies*, vol. 42, no. 2, pp. 347-369.
- Lee, T. 2007, "Rethinking the Personal and the Political: Feminist Activism and Civic Engagement", *Hypatia*, vol. 22, no. 4, pp. 163-179.

- Lemke, T. 2001, "'The Birth of Bio-Politics': Michel Foucault's Lecture at the College de France on Neo-Liberal Governmentality", *Economy and Society*, vol. 30, no. 2, pp. 190-207.
- Lorenz, C. 2012, "If You're So Smart, Why Are You under Surveillance? Universities, Neoliberalism, and New Public Management", *Critical Inquiry*, vol. 38, no. 3, pp. 599-629.
- Lynch, K., Grummell, B. and Devine, D. 2012, *New Managerialism in Education: Commercialization, Carelessness and Gender*, Palgrave Macmillan.
- Lynch, K., Baker, J. and Lyons, M. 2009, *Affective equality: love, care and injustice*, Palgrave Macmillan, London.
- Lynch, K. and Walsh, J. 2009, "Love, Care and Solidarity: What Is and Is Not Commodifiable" in *Affective Equality: Love, Care and Injustice*, eds. K. Lynch, J. Baker and M. Lyons, Palgrave Macmillan, Basingstoke, pp. 35-53.
- MacGregor, S. 2005, "The Welfare State and Neoliberalism" in *Neoliberalism. A Critical Reader*, eds. A. Saad-Filho and D. Johnston, Pluto Press, London, pp. 142-148.
- Mahon, R. and Robinson, F. (eds) 2011, *Feminist Ethics and Social Policy: Towards a New Global Political Economy of Care*, UBC Press, Vancouver.
- Marchetti, J.A. and Roy, M. 2013, *The Tisa Initiative: An Overview of Market Access Issues*, WTO Staff Working Paper ERSD-2013-11, available at: <http://hdl.handle.net.libproxy.helsinki.fi/10419/90711> [accessed 1 May 2015]
- Marston, G. 2000, "Metaphor, morality and myth: a critical discourse analysis of public housing policy in Queensland", *Critical Social Policy*, vol. 20, no. 3, pp. 349-373.
- Marx, K 1887, *Capital: A Critique of Political Economy, Volume I, Book One: The Process of Production of Capital*, available at: <https://www.marxists.org/archive/marx/works/1867-c1/> [accessed 4 Jan 2015]
- Matikainen, T. 2014, *Rahoitusperiaate kunnallisen itsehallinnon turvaajana: tutkimus rahoitusperiaatteen toteutumisesta*, Helsingin yliopisto, Helsinki.
- Mcphail, K. 2010, "Board Diversity, the Logic of Difference & the Logic of Equivalence: a Critical Study of the Emergence of Corporate Democracy", *Revista de Contabilidad - Spanish Accounting Review*, vol. 13, no. 1, pp. 125-143.
- Meagher, G. and Szebehely, M. (eds) 2013, *Marketisation in Nordic eldercare: a research report on legislation, oversight, extent and consequences*, Stockholm University, Stockholm.
- Moisio, A., Loikkanen, H.A. and Oulasvirta, L. 2010, *Public services at the local level: the Finnish way*, Government Institute for Economic Research, Helsinki.
- Mol, A. 2008, *The logic of care: health and the problem of patient choice*, Routledge, London.
- Näre, L. 2013, "The Ethics of Transnational Market Familism: Inequalities and Hierarchies in the Italian Elderly Care", *Ethics and Social Welfare*, vol. 7, no. 2, pp. 184-197.
- National Audit Office 2010, *Vanhuspalvelut: säännöllinen kotihoito (Services for older citizens: Regular home care)* Valtiontalouden



- tarkastusviraston tuloksellisuustarkastuskertomukset (National Audit Office's Performance Audit Reports)*, Edita Prima Oy, Helsinki.
- Neilson, B. 2012, "Ageing, Experience, Biopolitics: Life's Unfolding", *Body & Society*, vol. 18, no. 3-4, pp. 44-71.
- Nicolaides, P. and Oberg, H. 2006 "*The Compliance Problem in the European Union*", *EIPAScope 2006(1):pp. 12-18*. [Working Paper]
- Niemi, M.K. 2013, "The True Finns Identity Politics and Populist Leadership on the Threshold of the Party's Electoral Triumph", *Javnost - The Public*, vol. 20, no. 3, pp. 77-91.
- Noddings, N. 2013, *Caring: a relational approach to ethics & moral education*, 2nd ed., updated. edn, University of California Press, Berkeley.
- Nordensvard, J. and Ketola, M. 2015, "Nationalist Reframing of the Finnish and Swedish Welfare States ? The Nexus of Nationalism and Social Policy in Far-Right Populist Parties", *Social Policy & Administration* vol. 49, no. 3, pp. 356-375.
- Noro, A., Mäkelä, M., Finne-Soveri, H., Alastalo, H. 2014 "Henkilöstörakenne on vahvistunut ympärivuorokautisessa hoidossa vuodesta 2013 vuoteen 2014" Tutkimuksesta tiiviisti 26, THL, available at: [http://www.julkari.fi/bitstream/handle/10024/120400/URN\\_ISBN\\_978-952-302-385-7.pdf?sequence=1](http://www.julkari.fi/bitstream/handle/10024/120400/URN_ISBN_978-952-302-385-7.pdf?sequence=1) [accessed 5 Jan 2015]
- OECD 2013, *A Good Life in Old Age Policy Brief*, OECD/European Commission, available at: <http://www.oecd.org/els/health-systems/PolicyBrief-Good-Life-in-Old-Age.pdf> [accessed 29 dec 2014]
- OECD 2011, *Finland. Long-term Care*, 18 May 2011, available at: <http://www.oecd.org/finland/47877648.pdf> [accessed 29 Dec 2014]
- Oittinen, R. and Pitkänen, K.J. 1991, *Kunnanvaivaisesta harmaaksi pantteriksi : tutkielma suomalaisen vanhuuden historiasta*, Helsingin yliopiston talous- ja sosiaalhistorian laitos, Helsinki.
- Okin, S.M. 1992, *Women in western political thought*, Princeton University Press, Princeton, N.J.
- Pakaslahti, J. 2011, *Eurokriisi ja sosiaaliturva EU:ssa*, Finva, Helsinki.
- Palola, E. 2007, *Näkökulmia eurooppalaiseen sosiaalipolitiikkaan: malli, väestö, resurssit ja kommunikaatio [Perspectives on European Social Policy: Policy Model, Population, Resources and Communication]*, Stakes, Tutkimuksia 164, Helsinki.
- Pateman, C. 1988, *The sexual contract*, Polity Press, Cambridge.
- Patomäki, H. 2007, *Uusliberalismi Suomessa: lyhyt historia ja tulevaisuuden vaihtoehdot*, WSOY, Helsinki.
- Perrons, D. 2013, "Gender, inequality and the crisis", in *Retrenchment or renewal? Welfare states in times of economic crisis*, eds. G. Jónsson and K. Stefánsson, NordWel Studies in Historical Welfare State Research 6, Helsinki, pp. 67-83.
- Perrons, D. 2003, "The New Economy and the Work-Life Balance: Conceptual Explorations and a Case Study of New Media", *Gender, Work & Organization*, vol. 10, no. 1, pp. 65-93.
- Perrons, D. 2000, "Care, Paid Work, and Leisure: Rounding the Triangle", *Feminist Economics*, vol. 6, no. 1, pp. 105-114.
- Pulma, P. 1994, "Vaivaisten valtakunta" in *Armeliaisuus, yhteisöapu, sosiaaliturva. Suomalaisen sosiaalisen turvan historia*, eds. J. Jaakkola, P. Pulma, M. Satka and K. Urponen, Sosiaaliturvan keskusliitto, Helsinki, pp. 15-70.

- Pulma, P. and Turpeinen, O. 1987, *Suomen lastensuojelun historia*, Lastensuojelun keskusliitto, Helsinki.
- Rantala, K. 2011, *Lainvalmistelun laatu hallituksen kärkihankkeissa*, Oikeuspoliittisen tutkimuslaitoksen tutkimuksia 225, Helsinki.
- Rantalaiho, L. 1994, "Sukupuolisopimus ja Suomen malli" in *Naisten hyvinvointivaltio*, eds. A. Anttonen, L. Henriksson and R. Nätkin, Vastapaino, Tampere, pp. 9-30.
- Rauhala, P. 2001, "Relationship between municipal social services and the state in Finland: power struggles, tensions and interaction (Kunnallisen sosiaalitoimen ja valtion suhde Suomessa: valtakamppailuja, jännitteitä ja vuorovaikutusta)", *Yhteiskuntapolitiikka-YP.*, vol. 66, no. 4, pp. 301-317.
- Raunio, T. 2004, "The Changing Finnish Democracy: Stronger Parliamentary Accountability, Coalescing Political Parties and Weaker External Constraints", *Scandinavian Political Studies*, vol. 27, no. 2, pp. 133-152.
- Rein, M. and Schon, D. 1996, "Frame-critical policy analysis and frame-reflective policy practice", *Knowledge & Policy*, vol. 9, no. 1, pp. 85.
- Repo, J. 2014, "Reproduction", in *The Encyclopedia of Political Thought* John Wiley & Sons, Ltd.
- Repo, J. 2011, *The Biopolitics of Gender*, University of Helsinki.
- Rintala, T. 2003, *Vanhuskuvat ja vanhustenhuollon muotoutuminen 1850-luvulta 1990-luvulle*, Stakes, Helsinki.
- Robinson, F. 1999, *Globalizing care : ethics, feminist theory, and international relations*, Westview Press, Boulder, CO.
- Rose, N. and Miller, P. 1992, "Political Power beyond the State: Problematics of Government", *The British journal of sociology*, vol. 43, no. 2, pp. 173-205.
- Rostgaard, T. 2011, "Care as you like it: the construction of a consumer approach in home care in Denmark", *Nordic Journal of Social Research*, vol. 2.
- Ryynänen, A. 2008, "Kunnallinen itsehallinto Suomen hallintojärjestelmässä" in *Suomen poliittinen järjestelmä –verkkokirja [The political system of Finland -web book]*, University of Helsinki, available at: <http://blogs.helsinki.fi/vol-spj/itsehallinto/kunnallinen-itsehallinto/> [accessed 29 Dec 2014]
- Saarenheimo, M. 1998, "Kansanliike ihmisarvoisen vanhuuden puolesta Brita Heikkilän haastattelu", *Gerontologia: Kasvun ja vanhenemisen tutkijat ry:n julkaisu*, vol. 12, no. 2.
- Satka, M. 1995, *Making social citizenship. Conceptual practices from the Finnish Poor Law to professional social work*, Publications of Social and Political Sciences and Philosophy, University of Jyväskylä, Jyväskylä.
- Satka, M. 1994, "Sosiaalinen työ peräänkatsojamiehestä hoivayrittäjäksi" in *Armeliaisuus, yhteisöapu, sosiaaliturva: suomalaisen sosiaaliturvan historia*, eds. J. Jaakkola, P. Pulma, M. Satka and K. Urponen, Sosiaaliturvan keskusliitto, Helsinki, pp. 261-339.
- Sevenhuijsen, S. 1998, *Citizenship and the ethics of care : feminist considerations on justice, morality and politics*, Routledge, London.
- Silfverberg, K. and Sutinen, T. 2012, "Sopu yhä kateissa vanhuslaista", *Helsingin Sanomat* 26.8.2012, available at: <http://www.hs.fi/kotimaa/Sopu+yh%C3%A4+kateissa+vanhuslaista/a1345860856362> [accessed 25.6.2014]

- Smith, P.R. 2004, "Elder Care, Gender, and Work: The Work-Family Issue of the 21st Century", *Berkeley Journal of Employment and Labor Law*, vol. 25, pp. 351.
- Sommar, H. 2010, "Ylilääkityt ja alihoidetut vanhukset" in *YLE Spotlight* 4.3.2010, available at [http://yle.fi/elavaarkisto/artikkelit/ylilaakityt\\_ja\\_alihoidetut\\_vanhukset\\_45688.html#media=45708](http://yle.fi/elavaarkisto/artikkelit/ylilaakityt_ja_alihoidetut_vanhukset_45688.html#media=45708) [accessed 5 Jan 2015]
- STT 2012, "Demarit taipuivat vanhuspalvelulaissa" *Iltalehti* 30.8.2012, available at: [http://www.iltalehti.fi/uutiset/2012083016021176\\_uu.shtml](http://www.iltalehti.fi/uutiset/2012083016021176_uu.shtml) [accessed 25 June 2014]
- Sulkunen, I. 1987, "Naisten järjestäytyminen ja kaksijakoinen kansalaisuus" in *Kansa liikkeessä*, eds. R. Alapuro, I. Liikanen, K. Smeds and H. Stenius, Kirjayhtymä, Helsinki, pp. 157-175.
- Sutinen, T. 2012 "Uutisanalyysi: Vanhuspalvelulaista kehkeytyy vielä lihava riita" *Helsingin sanomat* 13.12.2012, available at: <http://www.hs.fi/kotimaa/a1355291430088> [accessed 5 Jan 2015]
- Svensson, K. 2002, "Caring Power – Coercion as Care", *Outlines.Critical Practice Studies*, vol. 4, no. 2.
- Tala, J., Rantala, K., Pakarinen, A. 2011, *Paremmän sääntelyn kriittinen arviointi tutkimushanke: kooste keskeisistä tutkimustuloksista: OPTL:n verkkokatsauksia 21/2011*, Oikeuspoliittinen tutkimuslaitos, Helsinki, available at: <http://www.optula.om.fi/fi/index/julkaisut/verkkokatsauksia-sarja/paremmansaantelynkriittinenarviointi-tutkimushanke.html> [accessed 5 Jan 2015]
- Tedre, S. 2004, "Tukisukkahousut sosiaalipolitiikkaan! Inhomaterialistinen hoivatutkimusote." in *Ruumis töihin! Käsite ja käytäntö*, eds. E. Jokinen, M. Kaskisaari and M. Husso, Vastapaino, Tampere, pp. 41-46.
- Temmes, M. 2013, "Suomalaisen hyvinvointivaltion post-NPM-haasteet" in *Hyvinvointijärjestelmät muuttuvassa toimintaympäristössä. Juhlakirja professori Pirkko Vartiaisen 60-vuotisjuhlan kunniaksi*, eds. S. Ollila and H. Raisio, University of Vaasa, pp. 219-236.
- Thompson, S. 2006., *The political theory of recognition : a critical introduction*, Polity, Cambridge.
- Tronto, J. 2012, "Democratic Care Politics in an Age of Limits" in *Global Variations in the Political and Social Economy of Care*, eds. R. Razavi and S. Staab, Routledge, Abingdon, pp. 29-40.
- Tronto, J. 2010, "Creating Caring Institutions: Politics, Plurality, and Purpose," *Ethics and Social Welfare* vol. 4, pp. 158-171.
- Tronto, J. 1993, *Moral boundaries: a political argument for an ethic of care*, Routledge, New York.
- Tronto, J. 1987, "Beyond Gender Difference to a Theory of Care", *Signs*, vol. 12, no. 4, pp. 644.
- Tuori, K. 2005, "Sosiaaliset oikeudet ja omavastuu" in *Welfare 2015 – Future of the Welfare Sector -seminar 10.5.2005. Reports of the Ministry of Social Affairs and Health*, eds. R. Väärälä and M. Roos, Ministry of Social Affairs and Health, Helsinki.
- Tuori, K. and Kotkas, T. 2008, *Sosiaalioikeus*, WSOY, Helsinki.
- Twigg, J., Wolkowitz, C., Cohen, R. and Nettleton, S. 2011, "Conceptualising body work in health and social care", *Sociology of Health and Illness*, Feb 2011, vol. 33, no. 2, pp. 171-188.
- Uljas, P., 2012, *Hyvinvointivaltion läpimurto*, Into-Kustannus Oy, Helsinki.

- Ungerson, C. 2003, "Commodified care work in European Labour Markets", *European Societies*, vol. 5, no. 4, pp. 377-396.
- Urponen, K. 1994, "Huoltoyhteiskunnasta hyvinvointivaltioon" in *Armeliaisuus, yhteisöapu, soisaaliturva. Suomalaisen sosiaalisen turvan historia*, eds. J. Jaakkola, P. Pulma, M. Satka and K. Urponen, Sosiaaliturvan keskusliitto, Helsinki, pp. 163-260.
- Vaarama, M., Karvonen, S., Kestilä, L., Moisio, P., Muuri, A. (eds.) 2014, *Suomalaisten hyvinvointi 2014*, THL, Helsinki.
- Vaarama, M. and Noro, A. 2005, "Vanhusten palvelut" *Lääkärikirja Duodecim*, available at [http://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p\\_artikkeli=su000058](http://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p_artikkeli=su000058) [accessed 4 Jan 2015]
- Vaittinen, T. 2015, "The power of the vulnerable body", *International Feminist Journal of Politics*, vol. 17, no. 1, pp. 100-118.
- Valokivi, H. and Zechner, M. 2009, "Ristiriitainen omaishoiva - Läheisen auttamisesta kunnan palveluksi" in *Hoiva. Tutkimus, politiikka ja arki*, eds. A. Anttonen, H. Valokivi and M. Zechner, Vastapaino, Tampere, pp. 126-153.
- van Drenth, A. and de Haan, F. 1999, *The Rise of Caring Power*, Amsterdam University Press, Amsterdam.
- Vega, C. 2008, "Le soin des autres et le travail de l'affect", *Multitudes*, vol. 32, pp. 51-63.
- Verloo, M. 2007, *Multiple meanings of gender equality: a critical frame analysis of gender policies in Europe*, Central European University Press, Budapest.
- Waerness, K. 1984, "The Rationality of Caring", *Economic and Industrial Democracy*, vol. 5, no. 2, pp. 185-211.
- Walters, W. 2012, *Governmentality: Critical Encounters*, Routledge, Abingdon.
- Wetherell, M., Taylor, S. and Yates, S.J. 2001, *Discourse theory and practice: a reader*, Sage, London.
- Williams, F. 2010, "Migration and Care: Themes, Concepts and Challenges", *Social Policy and Society*, vol. 9, no. 03, pp. 385.
- Williams, F. 2004, "Rethinking Care in Social Policy", *Janus*, vol. 12, no. 1, pp. 6-24.
- Wolin, S.S. 1996, "Fugitive Democracy" in *Democracy and Difference: Contesting the Boundaries of the Political*, ed. S. Benhabib, Princeton University Press, Chichester, pp. 31-45.
- Wrede, S. and Näre, L. 2013, "Glocalising Care in the Nordic Countries", *Nordic Journal of Migration Research*, vol. 3, no. 2.
- Wuori, O. and Löytty, L. 2004, *Selvitys Kuntien Palvelutuotannon Avaamisesta Kilpailulle 6/2005 "Yksityisen palvelutuotannon rooli julkisessa palvelutuotannossa"*, Levon-instituutti, Vaasan yliopisto (University of Vaasa).
- Yeates, N. 2012, "Global care chains: a state-of-the-art review and future directions in care transnationalization research", *Global Networks*, vol. 12, no. 2, pp. 135-154.
- Yeates, N. 2011, "Going Global: The Transnationalization of Care", *Development & Change*, vol. 42, no. 4, pp. 1109-1130.
- Yeates, N. 2004, "Global Care Chains", *International Feminist Journal of Politics*, vol. 6, no. 3, pp. 369-391.

- YLE 2009, "Risikko myöntää vanhustenhoidon puutteet", *YLE uutiset* [YLE news] 8.9.2009, available at [http://yle.fi/uutiset/risikko\\_myontaa\\_vanhustenhoidon\\_puutteet/5876963](http://yle.fi/uutiset/risikko_myontaa_vanhustenhoidon_puutteet/5876963) [accessed 5 Jan 2015]
- YLE 2012 "Risikko: Ei henkilöstömitoitusta vanhuspalvelulakiin" *YLE uutiset* [YLE news] 15.8.2012, available at: [http://yle.fi/uutiset/risikko\\_ei\\_henkilostomitoitusta\\_vanhuspalvelulakiin/6257648](http://yle.fi/uutiset/risikko_ei_henkilostomitoitusta_vanhuspalvelulakiin/6257648) [accessed 5 Jan 2015]
- Yliaska, V. 2014, *Tehokkuuden toiveuni : uuden julkisjohtamisen historia Suomessa 1970-luvulta 1990-luvulle*, Into-Kustannus, Helsinki.
- Yliaska, V. 2010, "Hajautuiko valtion valta? New Public Management ja hallinnon murros (1983-1993)", *Yhteiskuntapolitiikka-YP.-*, vol. 75, no. 4, pp. 361-376.
- Zerilli, L.M.G. 1991, "Machiavelli's Sisters: Women and "the Conversation" of Political Theory", *Political Theory*, vol. 19, no. 2, pp. 252-276.
- Žižek, S. 2014, "Only a radicalized left can save Europe", *NewStatesman*, 24 June 2014, available at: <http://www.newstatesman.com/politics/2014/06/slavoj-i-ek-only-radicalised-left-can-save-europe> (accessed 15 April 2015)

## 7.2 Data

All translations from data that is originally in Finnish are mine.

### Parliamentary proceedings

*All data from the Parliament, except statements received by committees, are available at the website of the Parliament [www.eduskunta.fi](http://www.eduskunta.fi)*

*HE = Hallituksen esitys [government bill]*

*KK= Kirjallinen kysymys [written question]*

*PTK = Täysistunnon pöytäkirja [minutes of plenary session]*

*TPA= Toimenpidealoite [petitionary motion]*

*VK= Välikysymys [interpellation]*

HE 160/2012 vp Hallituksen esitys eduskunnalle laiksi ikääntyneen väestön toimintakyvyn tukemista sekä iäkkäiden sosiaali- ja terveystalvveluista ja laiksi terveydenhuoltolain 20 §:n kumoamisesta [Government bill for an act on supporting the functional capacity of the older population and on social and health care services for older persons]

## References

<http://www.eduskunta.fi/triphome/bin/vex3000.sh?TUNNISTE=HE+160/2012#>

VK 6/2012 vp Välikysymys: Ikäihmisten hyvä hoiva, monimuotoiset palvelut ja omaishoito [Interpellation: Good care of the elderly, diverse services and family care]

<https://www.eduskunta.fi/FI/Vaski/sivut/trip.aspx?triptype=ValtiopaivaAsiat&docid=vk+6/2012>

KK 314/2012 vp Vanhuspalvelulain edistyminen ja sisältö [The content and progress of the elder care act]

<http://www.eduskunta.fi/valtiopaivaasiat/KK+314/2012>

PeVL 36/2012 vp - HE 160/2012 vp, Perustuslakivaliokunnan lausunto [The Constitutional Law Committee's

statement] [http://www.eduskunta.fi/faktatmp/utatmp/akxtnp/pevl\\_36\\_2012\\_p.shtml](http://www.eduskunta.fi/faktatmp/utatmp/akxtnp/pevl_36_2012_p.shtml)

PeVL comments; comments to the committee on HE 160/2012 (received by request from The Library of Parliament )

PTK 80/2009 vp Täysistunnon pöytäkirja [minutes of the plenary session]

[http://www.eduskunta.fi/faktatmp/utatmp/akxtnp/ptk\\_80\\_2009\\_p.shtml#kohta\\_linkkio](http://www.eduskunta.fi/faktatmp/utatmp/akxtnp/ptk_80_2009_p.shtml#kohta_linkkio)

PTK 84/2009 vp Täysistunnon pöytäkirja [minutes of the plenary session]

[http://www.eduskunta.fi/faktatmp/utatmp/akxtnp/ptk\\_84\\_2009\\_ke\\_p\\_1.shtml](http://www.eduskunta.fi/faktatmp/utatmp/akxtnp/ptk_84_2009_ke_p_1.shtml)

PTK 131/2012 vp Täysistunnon pöytäkirja [minutes of the plenary session]

[http://www.eduskunta.fi/faktatmp/utatmp/akxtnp/ptk\\_131\\_2012\\_ke\\_p\\_3.shtml](http://www.eduskunta.fi/faktatmp/utatmp/akxtnp/ptk_131_2012_ke_p_3.shtml)

PTK 110/2012 vp

[http://www.eduskunta.fi/faktatmp/utatmp/akxtnp/ptk\\_110\\_2012\\_ke\\_p\\_1.shtml](http://www.eduskunta.fi/faktatmp/utatmp/akxtnp/ptk_110_2012_ke_p_1.shtml)

StVM 27/2012 vp - HE 160/2012 vp, Sosiaali- ja terveystieteiden valiokunnan mietintö [Social Affairs and Health Committee's report] 27/2012 vp

[http://www.eduskunta.fi/faktatmp/utatmp/akxtnp/stvm\\_27\\_2012\\_p.shtml](http://www.eduskunta.fi/faktatmp/utatmp/akxtnp/stvm_27_2012_p.shtml)

StVM comments; comments to the committee on HE 160/2012 (received by request from The Library of the Parliament )

TPA 53/2005 vp Vanhuspalvelujen turvaaminen [Securing elder care services]

<http://www.eduskunta.fi/triphome/bin/vex3000.sh?TUNNISTE=TPA+53/2005>

VK 3/2009 vp VÄLIKYSYMYS: Vanhusten hoidon ja oikeuksien turvaaminen  
[Interpellation: Securing the care and the rights of the elderly]  
<http://www.eduskunta.fi/valtiopaivaasiat/VK+3/2009>

## Ministry documents

Most of the public documents from 2009-2014 listed here are available on the web pages of the Ministry of Social Affairs and Health:  
[http://www.stm.fi/vireilla/lainsaadantohankkeet/sosiaali\\_ja\\_terveydenhuolto/ikaantyneet/valmisteluaineistot](http://www.stm.fi/vireilla/lainsaadantohankkeet/sosiaali_ja_terveydenhuolto/ikaantyneet/valmisteluaineistot)

Komiteanmietintö 1974:1 [Committee report] Vanhustenuoltotoimikunnan mietintö, Sosiaali- ja terveystieteiden ministeriölle [report of elder care committee, for the Ministry of Social Affairs and Health] Helsinki.

STM (319/2009) STM tiedote [bulletin]: *Vanhusten hoito turvataan lailla, ammattitaidolla, valvonnalla ja rakenneuudistuksilla* [Care of the elderly to be secured by law, professional skill, supervision and structural reform]  
Available at: <http://www.stm.fi/tiedotteet/tiedote/-/view/1428654> [accessed 5 Jan 2015]

STM (2009a) Muistio 18.10.2009 Voutilainen: Kohti lakia ikäihmisten aseman, oikeuksien, palveluiden laadun ja saatavuuden turvaamiseksi... [Toward a law securing the elderly's position, rights, the quality and availability of services]

STM (2009b) Muistio 11.11.2009 [memo] Kohti lakia ikäihmisten aseman, oikeuksien, palveluiden laadun ja saatavuuden turvaamiseksi... [Toward a law securing the elderly's position, rights, the quality and availability of services]

STM (2010:19) *Reform of social welfare legislation. Progress report by the Working Group preparing a reform of social welfare legislation*. Reports of the Ministry of Social Affairs and Health

STM (2010a) *Luonnos laiksi ikääntyneen aseman vahvistamisesta* [Draft for an act strengthening the position of the elderly]. Confidential draft document from the Ministry of Social Affairs and Health

STM (2011a) *Luonnos laiksi iäkkään henkilön palvelujen saannin turvaamisesta* [Draft for an act to secure the services of an aged person] Confidential draft document from the Ministry of Social Affairs and Health

STM (2011b) *Luonnos laiksi iäkkään henkilön sosiaali- ja terveyspalvelujen saannin turvaamisesta* [Draft for an act to secure the social and health services of an aged person]

STM (2011c) *Yksityiskohtaiset perustelut. Luonnos laiksi iäkkään henkilön sosiaali- ja terveyspalvelujen saannin turvaamisesta* [Detailed Justifications. Draft for an act to secure the social and health services of an aged person]

STM (2011d) *Lausuntoyhteenveto luonnoksesta laiksi iäkkään henkilön sosiaali- ja terveyspalvelujen saannin turvaamisesta* [Summary of comments for the draft act to secure the social and health services of an aged person]

STM (2011:7) Raportteja ja muistioita 2011:7 ”Sosiaali- ja terveydenhuollon järjestämistä, kehittämistä ja valvontaa koskevan lainsäädännön uudistaminen. Peruslinjauksia valmistelevan työryhmän loppuraportti” ISBN 978-952-00-3167-1 (PDF)

STM (2012:10) Hallituksen tasa-arvo-ohjelma 2012-2015 [The Action Plan for Gender Equality 2012–2015], Sosiaali- ja terveysministeriön julkaisuja

STM (2012:12) *Ohjausryhmän muistio. Laki ikääntyneen väestön toimintakyvyn tukemisesta ja iäkkäiden sosiaali- ja terveyspalveluista* [A memo of the working group. Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons], Sosiaali- ja terveysministeriön raportteja ja muistiot.

STM (2012a) ) *Lausuntoyhteenveto luonnoksesta laiksi ikääntyneen väestön toimintakyvyn tukemisesta ja iäkkäiden sosiaali- ja terveyspalveluista* [Summary of comments for the draft Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons]

STM (2012b) *Lailla on hyvä tarkoitus, mutta velvoittaako se tarpeeksi?* [The law is well intended, but is it binding enough?] Ministry document summarizing the comments received to the second draft by 18.6.2012

STM (2014) Vanhuspalvelulaki – Vastauksia usein kysyttyihin kysymyksiin [Elder care act – Answers to Frequently Asked Questions], web page of the Ministry of Social Affairs and Health, accessed 4.2.2014:  
[http://www.stm.fi/vireilla/lainsaadantohankkeet/sosiaali\\_ja\\_terveydenhuolto/ikaantyneet/usein\\_kysyttyja#pitk%C3%A4aikainen%20hoito](http://www.stm.fi/vireilla/lainsaadantohankkeet/sosiaali_ja_terveydenhuolto/ikaantyneet/usein_kysyttyja#pitk%C3%A4aikainen%20hoito)



## Other documents

The Constitution of Finland, available at:

<http://www.finlex.fi/fi/laki/kaannokset/1999/en19990731> [accessed 1 June 2015]

eoae 213/2009 (2009) *Ympärivuorokautisessa hoidossa olevien vanhusten perus- ja ihmisoikeuksien turvaaminen* [Securing the basic and human rights of the elderly in round-the-clock care], The parliamentary Ombudsman of Finland

<http://www.oikeusasiamies.fi/Resource.phx/pubman/templates/2.htx?id=602> [accessed 5 Jan 2015]

Finlex 2013, "Yleiset vaatimukset ja ominaispiirteet" [General demands and characteristics] in *Lainkirjoittajan opas* [Guide for law drafters] in Finlex (online database of up-to-date legislative and other judicial information of Finland), Finland's Ministry of Justice, available at <http://lainkirjoittaja.finlex.fi/24-lakikieli/24-2/>

GP 2011, *Programme of Prime Minister Jyrki Katainen's, Government*, Programme of the Finnish Government, 22 June 2011, available at:

<http://valtioneuvosto.fi/hallitus/hallitusohjelma/en.jsp> [accessed 27 Jan 2014]

LSLH, LLH, ISLH, ESLH, OLH, The reports by the County administrative boards to the parliamentary Ombudsman of Finland (considering the care of elderly in round-the-clock care); available at:

<http://www.oikeusasiamies.fi/Resource.phx/pubman/templates/2.htx?id=602> [accessed 5 Jan 2015]

Ministry of Employment and Economy 2011, bulletin: "Mikroyritykset ja järjestöt menettävät osuuksiaan sosiaali- ja terveystalvelujen tuottajina", available at:

[http://www.tem.fi/ajankohtaista/uutiskirjearkisto/arkisto\\_2011/uutiskirje\\_10.3.2011/mikroyritykset\\_ja\\_jarjestot\\_menettavat\\_osuuksiaan\\_sosiaali\\_ja\\_terveyspalvelujen\\_tuottajina.102271.news](http://www.tem.fi/ajankohtaista/uutiskirjearkisto/arkisto_2011/uutiskirje_10.3.2011/mikroyritykset_ja_jarjestot_menettavat_osuuksiaan_sosiaali_ja_terveyspalvelujen_tuottajina.102271.news) [accessed 5 Jan 2015]

OSF 2012, Official Statistics of Finland, Population structure [e-publication] Annual review 2013, Appendix figure 2. Demographic dependency ratio in 1950–2013 and projection for 2014–2050 . Helsinki: Statistics Finland, available at: [http://www.stat.fi/til/vaerak/2013/01/vaerak\\_2013\\_01\\_2014-09-26\\_kuv\\_002\\_en.html](http://www.stat.fi/til/vaerak/2013/01/vaerak_2013_01_2014-09-26_kuv_002_en.html) (accessed 5 Jan 2015)

OSF 2009, Official Statistics of Finland: Population structure [e-publication]  
Annual review 2010, Demographic dependency ratio in 1950–2010 and  
projection for 2011–2050 . Helsinki: Statistics Finland, available at  
[http://www.stat.fi/til/vaerak/2010/01/vaerak\\_2010\\_01\\_2011-09-30\\_kuv\\_002\\_en.html](http://www.stat.fi/til/vaerak/2010/01/vaerak_2010_01_2011-09-30_kuv_002_en.html) [accessed 12 Dec 2013]

## Comments

Comments (statements) to the two draft versions of the elder care act  
(acquired from the Ministry of Social Affairs and Health, not public)

C1 Comments to the first draft

C2 Comments to the second draft

## Interviews

- I1 Civil servant at the Ministry of Social Affairs and Health,  
14.4.2011
- I2 Second civil servant at the Ministry of Social Affairs and Health,  
28.6.2011
- I3 Third Civil servant at the Ministry of Social Affairs and Health,  
25.10.2011
- I4 Two interviewees from the NGO Association of Care-Giving  
Relatives and Friends, 1.11.2011
- I5 Representative of the Finnish Union of Practical Nurses, Super,  
14.12.2011
- I6 Representatitive of the Association of Finnish Local and  
Regional Authorities (i.e. confederation of municipalities)  
Kuntaliitto 8.6.2012
- I7 Civil servant at the National Institute for Health and Welfare  
THL (Unit: services for the Aged) 2.9.2013
- I8 Civil servant at the National Supervisory Authority for Welfare  
and Health, Valvira
- I9 Member of Parliament, 21.8.2014

## 8 APPENDIX 1: THE ELDER CARE ACT

This English translation of the so called elder care act can be found on Finlex, the online database of up-to-date legislative and other judicial information of Finland:

<http://www.finlex.fi/en/laki/kaannokset/2012/en20120980> [accessed 15 Dec 2014]

Unofficial translation

Ministry of Social Affairs and Health, Finland

N.B. Legally valid only in Finnish and Swedish

### **No. 980 /2012**

### **Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons**

#### **Chapter 1 – General provisions**

##### *Section 1 – Objective*

The objective of this Act is:

- 1) to support the wellbeing, health, functional capacity and independent living of the older population;
- 2) to improve the opportunities of the older population to participate in the preparation of decisions influencing their living conditions and in developing the services they need in the municipality;
- 3) to improve the access of older persons to social and health care services of a high quality as well as to guidance in using other services that are available to them in accordance with their individual needs and in good time when their impaired functional capacity so requires; and
- 4) to strengthen older persons' opportunities to influence the content and way of provision of the social and health care services provided for them, and to contribute to deciding on the choices regarding them.

##### *Section 2 – Scope of application and relation to other legislation*

This Act lays down provisions on:

- 1) local authorities' responsibility for supporting the wellbeing, health, functional capacity and independent living of the older population and for securing the social and health care services needed by older persons in the municipality;
- 2) investigation of older persons' service needs and responding to them;
- 3) ensuring the quality of services provided for older persons.

This Act is applied to the matters referred to in subsection 1 in addition to what is laid down on them in:

- 1) the Social Welfare Act (710/1982);
- 2) the Health Care Act (1326/2010);

- 3) the Act on Support for Informal Care (937/2005);
- 4) the Services and Assistance for the Disabled Act (380/1987);
- 5) the Act on Special Care for Mentally Handicapped Persons (519/1977);
- 6) the Act on Welfare for Substance Abusers (41/1986);
- 7) the Mental Health Act (1116/1990);
- 8) the Act on the Status and Rights of Social Welfare Clients (812/2000);
- 9) the Act on the Status and Rights of Patients (785/1992);
- 10) the Act on Private Social Services (922/2011); and
- 11) the Private Health Care Act (152/1990).

The provisions of this Act regarding local authorities (municipality) also apply to the local government joint services area referred to in the Act on Restructuring Local Government and Services (169/2007).

### *Section 3 – Definitions*

For the purposes of this Act:

- 1) older population means the segment of population that has reached the eligible age for a retirement (old age) pension;
- 2) older person means a person whose physical, cognitive, mental or social functional capacity is impaired due to illnesses or injuries that have begun, increased or worsened with high age or due to degeneration related to high age;
- 3) care unit means a functional entity of services maintained by public or private service providers where social and health care services are offered mainly for older persons so that the services are provided in the facilities of the service provider or in the private home of the older person.

## **Chapter 2 – Local authorities’ general responsibilities**

### *Section 4 – Cooperation*

The different spheres of responsibility of the municipality must cooperate to support the wellbeing, health, functional capacity and independent living of the older population.

Moreover, local authorities must cooperate with public bodies, companies, non-governmental organisations representing the older population and other non-profit communities operating in the municipality to support the wellbeing, health, functional capacity and independent living of the older population.

### *Section 5 – Plan to support the older population*

Local authorities must draw up a plan on measures to support the wellbeing, health, functional capacity and independent living of the older population as well as to organise and develop the services and informal care needed by older persons. The plan must underpin living in the own home and measures to promote rehabilitation. The plan must be drawn up as a part of the strategic planning of local authorities. The plan is approved by the local council, and it has to be updated every term of office of the council.

The plan referred to in subsection 1 must:

- 1) evaluate the state of wellbeing among the older population, the adequacy and quality of the services available to the older population and factors affecting the service needs of the older population;
- 2) determine the objectives to support the wellbeing, health, functional capacity and independent living of the older population as well as to develop the volume and quality of the services provided for the older population;
- 3) determine the measures by which local authorities must implement the objectives referred to in paragraph 2, as well as estimate the resources needed by local authorities to implement the measures;
- 4) determine the responsibilities of the different spheres of responsibility of the municipality in implementing the measures referred to in paragraph 3; and
- 5) determine how local authorities must cooperate with the bodies referred to in section 4 (2).

Local authorities must take the plan into consideration when preparing municipal decision-making affecting the status of the older population and the services needed by older persons, the budget and budget plan referred to in section 65 of the Local Government Act (365/1995) and the report and welfare report referred to in section 12 (1) of the Health Care Act.

#### *Section 6 – Evaluation of the adequacy and quality of services*

In addition to what is laid down in section 5 (2) (1), the decision-making body responsible for social welfare in the municipality must annually evaluate the adequacy and quality of social services needed by older persons in its area.

In order to be able to evaluate the quality and adequacy of services, local authorities must on a regular basis gather feedback from service users, their family members and other persons close to them, and municipal staff. Furthermore, local authorities must collect information of the financial resources used for services and the number and educational qualifications of the staff. The observations presented by the municipal social services ombudsman in his or her annual report must also be taken into consideration in the evaluation.

#### *Section 7 – Availability of and access to services*

Local authorities must provide social services for their older population so that the services in terms of content, quality and extent conform to what is required for the wellbeing, social security and functional capacity of the older population in the municipality. Services must be provided so as to be available to the older population in the municipality on an equal basis.

Local authorities must provide the social services referred to in subsection 1 near to clients, unless it is justified to centralize them in order to ensure their quality and safety.

#### *Section 8 – Language of services*

Unilingual municipalities and joint municipal authorities must provide the services promoting the wellbeing of the older population referred to in this Act as well as the services related to investigating the service needs of older persons and responding to them in the language of the municipality or joint

municipal authority. Bilingual municipalities and joint municipal authorities consisting of bilingual or both Finnish- and Swedish-speaking municipalities must provide these services in Finnish and Swedish so that the service user will obtain services in the language of his or her choice. Provisions on the right to use Finnish or Swedish, to be heard and to obtain documents containing decisions in Finnish or Swedish and on the right to interpretation when using these languages before authorities are laid down in sections 10, 18 and 20 of the Language Act (423/2003).

Local authorities and joint municipal authorities must also see to it that Nordic citizens can, if necessary, use their own language, i.e. Finnish, Danish, Icelandic, Norwegian or Swedish, when using services referred to in subsection 1. Municipal authorities and the joint municipal authority for a hospital district must in that case, as far as possible, see to it that Nordic citizens will obtain necessary interpretation and translation assistance.

Provisions on the right to use the Saami language are laid down in the Saami Language Act (1086/2003).

#### Section 9 – *Resources of local authorities*

In addition to what is laid down in section 4(1) of the Health Care Act on assigning resources for health and welfare promotion and for the provision of health care services, local authorities must assign adequate resources for implementing the plan referred to in section 5 in order to support the functional capacity and independent living of the older population, as well as for providing the social services for older persons on the basis of which central government transfers to local government basic services are paid. Furthermore, local authorities must support the wellbeing, health, functional capacity and independent living of the older population by assigning resources also for actions other than those referred to in subsection 1.

#### Section 10 – *Expertise*

Local authorities must have sufficient and diversified expertise for supporting the wellbeing, health, functional capacity and independent living of the older population as well as for providing such social and health care services of a high quality as are needed by older persons. Special expertise must be available at least in the field of promotion of wellbeing and health, gerontological care and social work, geriatrics, pharmacotherapy, nutrition, multiprofessional rehabilitation and oral health care.

#### Section 11 – *Council for older people*

In addition to what is laid down in section 27 of the Local Government Act on municipal residents' opportunities to participate and exert influence, local authorities must establish a council for older people to ensure the older population's opportunities to participate and exert influence as well as see to it that the council has the necessary prerequisites for its operation. The council for older people must be included in the preparation of the plan referred to in section 5 and the evaluation referred to in section 6. The council must even otherwise be provided an opportunity to influence the planning, preparation and monitoring of actions in the different spheres of

responsibility of the municipality in regard to matters that are of significance for the wellbeing, health, inclusion, living environment, housing, mobility and daily activities of older persons or for the services needed by the older population.

#### *Section 12 – Services promoting wellbeing*

Local authorities must provide advice services that support the wellbeing, health, functional capacity and independent living of the older population. Furthermore, local authorities must offer health examinations, appointments and home visits that support wellbeing, health, functional capacity and independent living in particular for those members of the older population whose living conditions and life situations are on the basis of research results or general life experience considered to involve risk factors increasing their need for services.

The services referred to in subsections 1 and 2 above must include:

- 1) guidance aiming to promote wellbeing, healthy lifestyles and functional capacity as well as to prevent illness, accident injuries and accidents;
- 2) identification of any social and health problems caused by the impaired health and functional capacity of the older population, and provision of early support related to that;
- 3) guidance regarding social welfare and other social security;
- 4) guidance regarding medical care, multiprofessional rehabilitation and safe pharmacotherapy; and 5) guidance for using the services promoting wellbeing, health, functional capacity and independent living available in the municipality.

### **Chapter 3 – Older persons' service needs and responding to them**

#### *Section 13 – General principles for responding to service needs*

Local authorities must provide older persons with social and health care services of a high quality that are timely and adequate to their needs. The services must be provided so as to support the wellbeing, health, functional capacity, independent living and inclusion of older persons. In order to prevent other service needs attention must be paid in particular to services promoting rehabilitation and services provided in the old person's own home.

Guidance referred to in section 12(3) must be included in all social and health care services provided for older persons, as necessary.

#### *Section 14 – Principles for the provision of long-term care and attention*

Local authorities must organise long-term care and attention for older persons principally by means of social and health care services that are provided in the person's private home or other home-like place of residence, and that are adapted in terms of content and volume to suit the older person's service needs at the given time. Long-term care and attention can be provided in the form of institutional care only if there are medical grounds for doing so, or if it is otherwise justified to ensure a dignified life and safe care for the older person.

Social and health care services securing long-term care and attention must be provided so that the older person can feel that he or she is living a safe, meaningful and dignified life and can maintain social contacts and participate in meaningful activities promoting and maintaining his or her wellbeing, health and functional capacity. Older married and cohabiting couples must be offered the opportunity of cohabitation.

Local authorities must ensure the permanence of long-term care arrangements for an older person, unless it is necessary to alter an arrangement as wished by the older person or on account of the person's changed services needs or for some other particular reason.

#### Section 15 – *Investigating service needs*

Local authorities are responsible for seeing to it that an older person's need for social and health care services supporting his or her wellbeing, health, functional capacity and independent living will be investigated comprehensively together with the older person and, as necessary, his or her family members, other persons close to him or her, or a guardian appointed for him or her. An employee with extensive expertise and appropriate qualifications as referred to in the Act of Qualification Requirements for Social Welfare Professionals (272/2005) or in section 2 of the Health Care Professionals Act (559/1994) is responsible for investigating the service needs. The employee responsible for investigating the service needs must cooperate with other experts referred to in section 10, taking into account the older person's needs.

The investigation must be started immediately and completed without unnecessary delay

- 1) after the older person has asked for the social service needs assessment referred to in section 40a of the Social Welfare Act;
- 2) after the older person has submitted to local authorities an application for obtaining social services to support his or her functional capacity or coping with his or her ordinary daily routines;
- 3) in connection with the activities referred to in section 12, after it has been considered together with the older person that the person is in need of regular help to support his or functional capacity or coping with ordinary daily routines;
- 4) after a notification of the older person's service needs referred to in section 25 has been submitted and the older person or his or her family members, other persons close to him or her or the guardian appointed for him or her consider that it is necessary to make the investigation on account of it; or
- 5) when there occur essential changes in the circumstances of the older person obtaining social services provided by local authorities on a regular basis.

In the context of investigating service needs the older person's functional capacity must be examined comprehensively using reliable assessment tools. When assessing the person's functional capacity it has to be explored in which respects the person is able to cope with his or her ordinary daily routines in the present housing and living environment and in which respects the person needs support and help. The older person's physical, cognitive, psychological and social functional capacity as well as factors related to the



accessibility of the environment, safety of housing and access to community services must be taken into account in the assessment.

#### Section 16 – *Service plan*

Local authorities are responsible for seeing to it that the plan (service plan) referred to in section 7 of the Act on the Status and Rights of Social Welfare Clients will be drawn up for an older person. The plan must be drawn up without unnecessary delay once the older person's service needs have been investigated, unless it is question of temporary advice or guidance or if it is obvious that it is not necessary to draw up a plan.

The service plan must determine on the basis of the assessment of the older person's functional capacity what kind of social and health care services are needed to support the person's wellbeing, health, functional capacity and independent living and to ensure a good care of the person. The older person and, as necessary, his or her family members, other persons close to him or her or the guardian appointed for him or her must discuss the options to ensure a comprehensive set of services. The views of the older person on those options must be recorded in the plan.

The service plan must be revised without unnecessary delay always when essential changes occur in the older person's functional capacity that affect the person's service needs.

#### Section 17 – *Responsible employee*

Local authorities must appoint an employee responsible for an older person if the older person needs help in matters regarding the provision of services and their coordination.

The tasks of the responsible employee include:

- 1) monitoring together with the older person and, as necessary, his or her family members, other persons close to him or her or the guardian appointed for him or her the implementation of the service plan and any changes in the older person's service needs;
- 2) as necessary, being in contact with the bodies responsible for the provision of social and health care services and with other relevant bodies in order to ensure that the needs of the older person are met; and
- 3) advising and helping the older person in matters relating to access to services and benefits.

The responsible employee must fulfil the qualification requirements referred to in the Act on Qualification Requirements for Social Welfare Professionals or in section 2 of the Health Care Professionals Act that are appropriate in view of the set of services provided for the older person.

#### Section 18 – *Decision on granting social services and right to services*

Local authorities must make a decision on granting social services urgently needed by an older person on account of a written or oral application and provide the granted services without delay so that the older person's right to necessary care is not jeopardised.

A decision on granting social services other than urgent services must be made without unnecessary delay after a written or oral application has been taken under consideration. An older person has the right to obtain the social services other than urgent services granted to him or her without

unnecessary delay and at the latest after three months have elapsed from making the decision.

What is laid down in sections 13 and 14 must be taken into account when making the decision. The criterion for determining the adequacy of social services is the investigation of service needs referred to in section 15, if such an investigation has been made.

## **Chapter 4 – Ensuring the quality of services**

### *Section 19 – Quality of services*

Social and health care services provided for older persons must be of a high quality and ensure a good care and attention for them.

### *Section 20 – Personnel*

Care units must have personnel whose number, educational qualifications and task structure correspond to the number of older persons obtaining services of the unit so as to be able to meet the service needs required by the older persons' functional capacity and to guarantee services of a high quality. If the functional capacity of an older person cared for in the facilities of the care unit is impaired to the extent that the older person may need attention at any hour, the care unit must have a sufficient number of personnel on 24-hour basis.

### *Section 21– Management*

A care unit must have a manager who is responsible for seeing to it that the principles laid down in sections 13, 14 and 19 are followed in the work with clients and that the services also meet the other requirements set for them. The operation of the unit must be led so that it supports client-oriented social and health care services of a high quality, promotion of a rehabilitative approach, cooperation between different authorities and professional groups and development of the methods of operation.

### *Section 22 – Facilities*

The service provider must see to it that the facilities of the service provider that are at the disposal of older persons are adequate, safe, accessible, homelike and even otherwise such that the conditions there are appropriate for their needs.

### *Section 23 – Self-monitoring*

The manager of the care unit must see to it that self-monitoring is organised in the unit to ensure the quality, safety and appropriateness of the services. For that purpose the unit must draw up a self-monitoring plan, which must be kept on public display. The implementation of the plan must be monitored and the services must be developed on the basis of the feedback gathered on a regular basis from the older persons obtaining services of the unit, their family members and other persons close to them as well as from the staff of the unit.

The National Supervisory Authority for Welfare and Health may issue further regulations on the content and drawing up of the self-monitoring plan and how to follow its implementation.

### *Section 24 – Supervision by authorities*

What is laid down in sections 55–57 of the Social Welfare Act, Chapter 4 of the Act on Private Social Services, sections 42–45 of the Primary Health Care Act (66/1972) and in Chapters 4 and 5 of the Act on Private Health Care shall

apply to the supervision of services meant for older persons and to the measures to remedy any deficiencies observed in connection with supervision.

## **Chapter 5 – Miscellaneous provisions**

### *Section 25 – Informing of an older person's service needs*

If a health care professional referred to in the Health Care Professionals Act or a person employed by the social service system of the municipality, rescue services in the area, the Emergency Response Centre or the police has been informed of an older person in need of social or health care services who is obviously unable take care of himself or herself, his or her health or safety in the future, the health care professional or employee must confidentiality provisions notwithstanding notify thereof the authority responsible for municipal social welfare.

In addition to what is laid down in subsection 1, health care professionals must notify the authority responsible for municipal social welfare of discharging an older person from a care unit providing institutional health care. The notification must be made in good time before discharging the older person.

Persons other than those referred to in subsection 1 can make the notification notwithstanding the confidentiality provisions concerning them.

### *Section 26 – Making the waiting lists public*

Local authorities must publish at least every six months information on how long an older person must wait to obtain the social services he or she has applied for. The information must be published using such methods that the older persons concerned actually have an opportunity to obtain the information.

### *Section 27 – Planning and financing*

Unless otherwise laid down by law the Act on Planning and Government Grants for Social Welfare and Health Care (733/1992) and the Act on Central Government Transfers to Local Government for Basic Public Services (1704/2009) shall apply to the operations organised by local authorities on the basis of this Act.

### *Section 28 – Entry into force*

This Act enters into force on 1 July 2013.

Sections 5 and 6 of the Act will however be applied as from 1 January 2014 and sections 17 and 23 as from 1 January 2015.

Special expertise in the fields referred to in section 10 must be available to local authorities by 1 January 2015 at the latest.

The council for older people referred to in section 11 must be established so that it can begin operation on 1 January 2014 at the latest.

Measures necessary for the implementation of this Act may be undertaken before the Act's entry into force.